

LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

NAIC Group Code 0435 0435 NAIC Company Code 63312 Employer's ID Number 13-1935920
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized 12/29/1961 Commenced Business 08/13/1963

Statutory Home Office 191 Rosa Parks Street, Cincinnati, OH, US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 191 Rosa Parks Street, 513-361-9000
(Street and Number) (Area Code) (Telephone Number)
Cincinnati, OH, US 45202

Mail Address Post Office Box 5420, Cincinnati, OH, US 45201
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 191 Rosa Parks Street, 513-361-9000
(Street and Number) (Area Code) (Telephone Number)
Cincinnati, OH, US 45202

Internet Website Address www.massmutualascend.com

Statutory Statement Contact Robert Mayhew Earle II, 513-361-9077
(Name) (Area Code) (Telephone Number)
rearle@mmascend.com, 513-345-9484
(E-mail Address) (FAX Number)

OFFICERS

President Mark Francis Muething Treasurer Brian Patrick Sponaugle #
Secretary John Paul Gruber Appointed Actuary Isaac Cezar Hall #

OTHER

Donna Marie Carrelli # Michael Robert Fanning Michael Harrison Haney

DIRECTORS OR TRUSTEES

<u>Dominic Lusean Blue</u>	<u>Elizabeth Ward Chicares</u>	<u>Susan Marie Cicco</u>
<u>Geoffrey James Craddock</u>	<u>Roger William Crandall</u>	<u>Michael Robert Fanning</u>
<u>Paul Anthony Lapiana</u>	<u>Sears Andrew Merritt #</u>	<u>Mark Francis Muething</u>
<u>Michael James O'Connor</u>	<u>Eric William Partlan</u>	<u>Arthur William Wallace III</u>

State of Ohio SS
County of Hamilton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mark Francis Muething
President

John Paul Gruber
Secretary

Brian Patrick Sponaugle
Treasurer

Subscribed and sworn to before me this
day of February 2023

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Alabama
 NAIC Group Code 0435

DURING THE YEAR 2022
 NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	183,975					183,975
2. Annuity considerations	199,993,907			(4,644)		199,989,263
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	200,177,882	0	(4,644)	0		200,173,238
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	200,000			4,773		204,773
10. Matured endowments	23,400			0		23,400
11. Annuity benefits	32,774,832			894,220		33,669,052
12. Surrender values and withdrawals for life contracts	92,705,775			20,129		92,725,904
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		0
14. All other benefits, except accident and health						0
15. Totals	125,704,007	0	919,122	0		126,623,129
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	50,000	0	0	0	0	0	0	1	50,000
17. Incurred during current year	6	223,400			1	4,773			7	228,173
Settled during current year:										
18.1 By payment in full	6	223,400			1	4,773			7	228,173
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	223,400	0	0	1	4,773	0	0	7	228,173
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	223,400	0	0	1	4,773	0	0	7	228,173
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	253	70,742,284	0	(a)	0	31,772	0	0	253	70,774,056
21. Issued during year									0	0
22. Other changes to in force (Net)	(53)	(20,386,997)				(8,824)			(53)	(20,395,821)
23. In force December 31 of current year	200	50,355,287	0	(a)	0	22,948	0	0	200	50,378,235

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	52,615	52,492		28,430	26,238
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	52,615	52,492	0	28,430	26,238
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,615	52,492	0	28,430	26,238

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Alaska
 NAIC Group Code 0435

DURING THE YEAR 2022
 NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,983					8,983
2. Annuity considerations	1,520,599			0		1,520,599
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	1,529,582	0		0	0	1,529,582
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	0			0		0
11. Annuity benefits	1,086,057			36,142		1,122,199
12. Surrender values and withdrawals for life contracts	1,446,294			0		1,446,294
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0		0
14. All other benefits, except accident and health						0
15. Totals	2,532,351	0		36,142	0	2,568,493
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	21	2,741,726	0	(a) 0	1	0	0	0	22	2,741,726
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(100,160)				1,289			(1)	(98,871)
23. In force December 31 of current year	20	2,641,566	0	(a) 0	1	1,289	0	0	21	2,642,855

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0			0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	497,726					497,726
2. Annuity considerations	126,230,147			18,609		126,248,756
3. Deposit-type contract funds	152,907		XXX			152,907
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	126,880,780	0		18,609	0	126,899,389
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,199,508			0		1,199,508
10. Matured endowments	274,949			0		274,949
11. Annuity benefits	20,510,343			1,333,563		21,843,906
12. Surrender values and withdrawals for life contracts	60,213,096			1,121,631		61,334,727
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	82,197,896	0		2,455,194	0	84,653,090
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	194,975	0	0	0	0	0	0	1	194,975
17. Incurred during current year	16	1,278,833		0	649				16	1,279,482
Settled during current year:										
18.1 By payment in full	17	1,473,808		0	649				17	1,474,457
18.2 By payment on compromised claims									0	0
18.3 Totals paid	17	1,473,808	0	0	649	0	0	0	17	1,474,457
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	1,473,808	0	0	649	0	0	0	17	1,474,457
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	633	138,453,324	0	(a)	0	8,988	0	0	633	138,462,312
21. Issued during year									0	0
22. Other changes to in force (Net)	(133)	(35,990,401)				5,470			(133)	(35,984,931)
23. In force December 31 of current year	500	102,462,923	0	(a)	0	14,458	0	0	500	102,477,381

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	11,658	11,658			0
25.3 Non-renewable for stated reasons only (b)					129
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,658	11,658	0	0	129
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,658	11,658	0	0	129

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Arkansas
NAIC Group Code 0435

DURING THE YEAR 2022
NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	140,009					140,009
2. Annuity considerations	68,662,378			2,657		68,665,035
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	68,802,387	0		2,657	0	68,805,044
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	50,000			108,493		158,493
10. Matured endowments	38,800			929		39,729
11. Annuity benefits	6,893,920			543,127		7,437,047
12. Surrender values and withdrawals for life contracts	19,406,128			5,709		19,411,837
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	26,388,848	0		658,258	0	27,047,106
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	89,729			.20	108,493			.21	198,222
Settled during current year:										
18.1 By payment in full	1	89,729			.20	108,493			.21	198,222
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	89,729	0	0	.20	108,493	0	0	.21	198,222
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	89,729	0	0	.20	108,493	0	0	.21	198,222
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	175	32,171,189	0	(a)	0	1,044,052	0	0	175	33,215,241
21. Issued during year									0	0
22. Other changes to in force (Net)	(24)	(1,474,926)				(101,268)			(24)	(1,576,194)
23. In force December 31 of current year	151	30,696,263	0	(a)	0	942,784	0	0	151	31,639,047

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,065	5,065			0
25.3 Non-renewable for stated reasons only (b)					19
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,065	5,065	0	0	19
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,065	5,065	0	0	19

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF California
 NAIC Group Code 0435

DURING THE YEAR 2022
 NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,845,071				4,845,071
2. Annuity considerations		518,768,869		1,334,862		520,103,731
3. Deposit-type contract funds		569,755	XXX		XXX	569,755
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		524,183,695	0	1,334,862	0	525,518,557
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,552,442		12,663		6,565,105
10. Matured endowments		6,380,721		0		6,380,721
11. Annuity benefits		100,608,085		5,609,356		106,217,441
12. Surrender values and withdrawals for life contracts		292,366,759		11,642,596		304,009,355
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		405,908,007	0	17,264,615	0	423,172,622
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	15	993,521	0	0	0	0	0	0	15	993,521
17. Incurred during current year	60	12,976,435		4	13,777				64	12,990,212
Settled during current year:										
18.1 By payment in full	61	12,932,050		4	13,777				65	12,945,827
18.2 By payment on compromised claims									0	0
18.3 Totals paid	61	12,932,050	0	0	4	13,777	0	0	65	12,945,827
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	61	12,932,050	0	0	4	13,777	0	0	65	12,945,827
19. Unpaid Dec. 31, current year (16+17-18.6)	14	1,037,907	0	0	0	0	0	0	14	1,037,907
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5,757	1,338,191,727	0	(a)	0	39,446	0	0	5,757	1,338,231,173
21. Issued during year	5	185,000							5	185,000
22. Other changes to in force (Net)	(794)	(249,430,972)				(12,358)			(794)	(249,443,330)
23. In force December 31 of current year	4,968	1,088,945,755	0	(a)	0	27,088	0	0	4,968	1,088,972,843

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,574	14,559		8,305	9,897
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,574	14,559	0	8,305	9,897
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,574	14,559	0	8,305	9,897

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Colorado
NAIC Group Code 0435

DURING THE YEAR 2022
NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	224,922					224,922
2. Annuity considerations	73,173,837			0		73,173,837
3. Deposit-type contract funds	129,354	XXX			XXX	129,354
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	73,528,113	0		0	0	73,528,113
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	10,000			17,894		27,894
10. Matured endowments	145,400			0		145,400
11. Annuity benefits	15,899,758			702,681		16,602,439
12. Surrender values and withdrawals for life contracts	33,840,587			87,857		33,928,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	49,895,745	0		808,432	0	50,704,177
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	1	5,583	0	0	1	5,583
17. Incurred during current year	1	155,400			4	12,311			5	167,711
Settled during current year:										
18.1 By payment in full	1	155,400			5	17,894			6	173,294
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	155,400	0	0	5	17,894	0	0	6	173,294
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	155,400	0	0	5	17,894	0	0	6	173,294
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	255	66,998,629	0	(a)	0	591,971	0	0	255	67,590,600
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(46)	(18,573,978)				(9,299)			(46)	(18,583,277)
23. In force December 31 of current year	210	48,434,651	0	(a)	0	582,672	0	0	210	49,017,323

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4		5 Direct Losses Incurred
				4 Direct Losses Paid	5 Direct Losses Incurred	
24. Group Policies (b)	0	0			0	0
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)	87,323	102,702			141,666	364,521
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)	87,323	102,702	0	141,666	364,521	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	87,323	102,702	0	141,666	364,521	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		376,092				376,092
2. Annuity considerations		137,759,307		15,445		137,774,752
3. Deposit-type contract funds		348,939	XXX			348,939
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		138,484,338	0	15,445	0	138,499,783
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		735,968		281,398		1,017,366
10. Matured endowments		114,759		4,590		119,349
11. Annuity benefits		20,826,607		1,276,025		22,102,632
12. Surrender values and withdrawals for life contracts		66,274,263		122,476		66,396,739
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		87,951,597	0	1,684,489	0	89,636,086
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	4	35,616	0	0	3	4,283	0	0	7	39,899
17. Incurred during current year	19	835,883			45	277,524			64	1,113,407
Settled during current year:										
18.1 By payment in full	20	855,317			45	281,398			65	1,136,715
18.2 By payment on compromised claims									0	0
18.3 Totals paid	20	855,317	0	0	45	281,398	0	0	65	1,136,715
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	20	855,317	0	0	45	281,398	0	0	65	1,136,715
19. Unpaid Dec. 31, current year (16+17-18.6)	3	16,182	0	0	3	409	0	0	6	16,591
POLICY EXHIBIT										
20. In force December 31, prior year	667	95,338,852	0	(a)	0	2,735,462	0	0	669	98,074,314
21. Issued during year									0	0
22. Other changes to in force (Net)	(86)	(23,209,604)				(272,483)			(86)	(23,482,087)
23. In force December 31 of current year	581	72,129,248	0	(a)	0	2,462,979	0	0	583	74,592,227

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	1,547	973			0
25.3 Non-renewable for stated reasons only (b)					194
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,547	973	0	0	194
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,547	973	0	0	194

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	70,403					70,403
2. Annuity considerations	35,706,028			0		35,706,028
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	35,776,431	0		0	0	35,776,431
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	2,000			0		2,000
10. Matured endowments	262,400			0		262,400
11. Annuity benefits	5,323,617		191,455			5,515,072
12. Surrender values and withdrawals for life contracts	24,428,024		12,551			24,440,575
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0		0	0
14. All other benefits, except accident and health						0
15. Totals	30,016,041	0	204,006		0	30,220,047
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0		0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0		0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	264,400			0	0			1	264,400
Settled during current year:										
18.1 By payment in full	1	264,400			0	0			1	264,400
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	264,400	0	0	0	0	0	0	1	264,400
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	264,400	0	0	0	0	0	0	1	264,400
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.77	17,351,150	0	(a) 0	0	0	0	0	.77	17,351,150
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(2,609,677)							(11)	(2,609,677)
23. In force December 31 of current year	66	14,741,473	0	(a) 0	0	0	0	0	66	14,741,473

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0			0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	28,843					28,843
2. Annuity considerations	4,792,569			0		4,792,569
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	4,821,412	0		0	0	4,821,412
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	105,500			0		105,500
11. Annuity benefits	1,202,759			25,999		1,228,758
12. Surrender values and withdrawals for life contracts	4,588,144			0		4,588,144
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0		0
14. All other benefits, except accident and health						0
15. Totals	5,896,403	0		25,999		5,922,402
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	105,500			0	0			0	105,500
Settled during current year:										
18.1 By payment in full	0	105,500			0	0			0	105,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	105,500	0	0	0	0	0	0	0	105,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	105,500	0	0	0	0	0	0	0	105,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	50	5,421,393	0	(a)	0	0	0	0	50	5,421,393
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	227,924							(6)	227,924
23. In force December 31 of current year	44	5,649,317	0	(a)	0	0	0	0	44	5,649,317

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0			0
25.3 Non-renewable for stated reasons only (b)					0
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,750,959				1,750,959
2. Annuity considerations		680,224,068		478,862		680,702,930
3. Deposit-type contract funds		1,555,281	XXX		XXX	1,555,281
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		683,530,308	0	478,862	0	684,009,170
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,140,762		21,882		6,162,644
10. Matured endowments		1,941,163		510		1,941,673
11. Annuity benefits		89,132,739		6,006,987		95,139,726
12. Surrender values and withdrawals for life contracts		340,792,154		3,917,939		344,710,093
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		438,006,818	0	9,947,318	0	447,954,136
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	12	1,761,851	0	0	1	3,530	0	0	13	1,765,381
17. Incurred during current year	38	6,639,521			1	18,415			.39	6,657,936
Settled during current year:										
18.1 By payment in full	42	8,082,372			2	21,945			.44	8,104,317
18.2 By payment on compromised claims									0	0
18.3 Totals paid	42	8,082,372	0	0	2	21,945	0	0	.44	8,104,317
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	42	8,082,372	0	0	2	21,945	0	0	.44	8,104,317
19. Unpaid Dec. 31, current year (16+17-18.6)	8	319,000	0	0	0	0	0	0	8	319,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,175	469,550,847	0	(a)	0	181,507	0	0	2,177	469,732,354
21. Issued during year	3	62,500							3	62,500
22. Other changes to in force (Net)	(366)	(112,175,476)				(14,155)			(366)	(112,189,631)
23. In force December 31 of current year	1,812	357,437,871	0	(a)	0	167,352	0	0	1,814	357,605,223

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	298,112	314,963		320,090	410,704
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	298,112	314,963	0	320,090	410,704
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	298,112	314,963	0	320,090	410,704

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.982,442					982,442
2. Annuity considerations .....	.225,754,319			..(5,643)		.225,748,676
3. Deposit-type contract funds .....	.0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	226,736,761	0	(5,643)	0		226,731,118
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	.0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	.0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....	.1,430,000			19,611		1,449,611
10. Matured endowments .....	.463,400			0		463,400
11. Annuity benefits .....	.33,940,840			1,412,695		35,353,535
12. Surrender values and withdrawals for life contracts .....	.94,779,157			156,589		94,935,746
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	130,613,397	0	1,588,895	0		132,202,292
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....	.0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	.25,000	0	0	1	.7,298	0	0	2	.32,298
17. Incurred during current year	13	.2,368,400			2	.12,313			15	.2,380,713
Settled during current year:										
18.1 By payment in full	13	.1,893,400			3	.19,611			16	.1,913,011
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	.1,893,400	0	0	3	.19,611	0	0	16	.1,913,011
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	.1,893,400	0	0	3	.19,611	0	0	16	.1,913,011
19. Unpaid Dec. 31, current year (16+17-18.6)	1	.500,000	0	0	0	0	0	0	1	.500,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	969	.175,490,019	0	(a)	0	124,903	0	0	969	.175,614,922
21. Issued during year	6	.175,000							6	.175,000
22. Other changes to in force (Net)	(157)	(37,703,603)				(12,752)			(157)	(37,716,355)
23. In force December 31 of current year	818	.137,961,416	0	(a)	0	112,151	0	0	818	.138,073,567

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	.0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b) .....	.87,779	.95,048		.62,185	-(.97,782)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.87,779	.95,048	0	.62,185	-(.97,782)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	.87,779	.95,048	0	.62,185	-(.97,782)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	278,142					278,142
2. Annuity considerations	69,543,993			(9,305)		69,534,688
3. Deposit-type contract funds	59,466	XXX			XXX	59,466
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	69,881,601	0	(9,305)	0		69,872,296
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	288,700			0		288,700
11. Annuity benefits	4,793,353			1,448,968		6,242,321
12. Surrender values and withdrawals for life contracts	17,504,019			1,101,678		18,605,697
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		0
14. All other benefits, except accident and health						0
15. Totals	22,586,072	0	2,550,646	0		25,136,718
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	338,700			0	0			1	338,700
Settled during current year:										
18.1 By payment in full	0	288,700			0	0			0	288,700
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	288,700	0	0	0	0	0	0	0	288,700
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	288,700	0	0	0	0	0	0	0	288,700
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	0	0	0	1		50,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	314	49,539,434	0	(a)	0	0	0	0	314	49,539,434
21. Issued during year									0	0
22. Other changes to in force (Net)	(21)	(5,510,714)							(21)	(5,510,714)
23. In force December 31 of current year	293	44,028,720	0	(a)	0	0	0	0	293	44,028,720

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2022
 NAIC Group Code 0435 NAIC Company Code 63312

LIFE INSURANCE		1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance		84,011				84,011
2. Annuity considerations		36,684,391		(25,888)		36,658,503
3. Deposit-type contract funds		0	XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		36,768,402	0	(25,888)	0	36,742,514
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0				0
10. Matured endowments		64,700				64,700
11. Annuity benefits		8,907,271		2,560,999		11,468,270
12. Surrender values and withdrawals for life contracts		17,420,609		349,201		17,769,810
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0		0
14. All other benefits, except accident and health						0
15. Totals		26,392,580	0	2,910,200	0	29,302,780
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	558	0	0	0	0	0	0	1	558
17. Incurred during current year Settled during current year:	0	64,700			0	0			0	64,700
18.1 By payment in full	0	64,700			0	0			0	64,700
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	64,700	0	0	0	0	0	0	0	64,700
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	64,700	0	0	0	0	0	0	0	64,700
19. Unpaid Dec. 31, current year (16+17-18.6)	1	558	0	0	0	0	0	1	558	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	129	33,119,411	0	(a)	0	0	0	0	129	33,119,411
21. Issued during year									0	0
22. Other changes to in force (Net)	(21)	(8,893,449)							(21)	(8,893,449)
23. In force December 31 of current year	108	24,225,962	0	(a)	0	0	0	0	108	24,225,962

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)		0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)		8,483	8,709		0	(258)
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		8,483	8,709	0	0	(258)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		8,483	8,709	0	0	(258)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Illinois
 NAIC Group Code 0435

DURING THE YEAR 2022
 NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		762,736				762,736
2. Annuity considerations		223,592,443		(112,786)		223,479,657
3. Deposit-type contract funds		17,472	XXX		XXX	17,472
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		224,372,651	0	(112,786)	0	224,259,865
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		849,810				849,810
10. Matured endowments		3,226,856				3,226,856
11. Annuity benefits		35,411,921		2,204,659		37,616,580
12. Surrender values and withdrawals for life contracts		106,120,884		333,329		106,454,213
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		145,609,471	0	2,537,988	0	148,147,459
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	190,818	0	0	0	0	0	0	1	190,818
17. Incurred during current year	14	4,676,666		0	0	0			14	4,676,666
Settled during current year:										
18.1 By payment in full	12	4,076,666		0	0	0			12	4,076,666
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	4,076,666	0	0	0	0	0	0	12	4,076,666
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	4,076,666	0	0	0	0	0	0	12	4,076,666
19. Unpaid Dec. 31, current year (16+17-18.6)	3	790,818	0	0	0	0	0	0	3	790,818
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	912	298,534,230	0	(a)	0	1	3,151	0	913	298,537,381
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(195)	(74,750,329)				20			(195)	(74,750,309)
23. In force December 31 of current year	718	223,808,901	0	(a)	0	1	3,171	0	719	223,812,072

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	148,168	144,328		24,108	70,119
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	148,168	144,328	0	24,108	70,119
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	148,168	144,328	0	24,108	70,119

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		174,068				174,068
2. Annuity considerations		175,953,350		16,374		175,969,724
3. Deposit-type contract funds		1,243,542	XXX		XXX	1,243,542
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		177,370,960	0	16,374	0	177,387,334
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		90,000			0	90,000
10. Matured endowments		29,100			0	29,100
11. Annuity benefits		25,879,345		2,089,772		27,969,117
12. Surrender values and withdrawals for life contracts		96,840,002		212,136		97,052,138
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		122,838,447	0	2,301,908	0	125,140,355
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	7	379,100			0	0			7	379,100
Settled during current year:										
18.1 By payment in full	4	119,100			0	0			4	119,100
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	119,100	0	0	0	0	0	0	4	119,100
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	119,100	0	0	0	0	0	0	4	119,100
19. Unpaid Dec. 31, current year (16+17-18.6)	3	260,000	0	0	0	0	0	0	3	260,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	306	65,102,955	0	(a)	0	1	0	0	307	65,102,955
21. Issued during year		10,000							0	10,000
22. Other changes to in force (Net)	(49)	(15,174,769)							(49)	(15,174,769)
23. In force December 31 of current year	257	49,938,186	0	(a)	0	1	0	0	258	49,938,186

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	149,141	150,010		109,253	112,057
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	149,141	150,010	0	109,253	112,057
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	149,141	150,010	0	109,253	112,057

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		171,489				171,489
2. Annuity considerations		67,039,155		0		67,039,155
3. Deposit-type contract funds		90,198	XXX		XXX	90,198
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		67,300,842	0	0	0	67,300,842
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		121,000				121,000
10. Matured endowments		23,900				23,900
11. Annuity benefits		12,881,628		623,133		13,504,761
12. Surrender values and withdrawals for life contracts		32,602,917		247,918		32,850,835
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		45,629,445	0	871,051	0	46,500,496
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	7	194,900			0	0			7	194,900
Settled during current year:										
18.1 By payment in full	6	144,900			0	0			6	144,900
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	144,900	0	0	0	0	0	0	6	144,900
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	144,900	0	0	0	0	0	0	6	144,900
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	0	0	0	1		50,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	179	24,544,929	0	(a)	0	0	1,990	0	179	24,546,919
21. Issued during year									0	0
22. Other changes to in force (Net)	(17)	(4,437,452)					20		(17)	(4,437,432)
23. In force December 31 of current year	162	20,107,477	0	(a)	0	0	2,010	0	162	20,109,487

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	97,755	97,978		103,044	104,989
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	97,755	97,978	0	103,044	104,989
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	97,755	97,978	0	103,044	104,989

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		133,051				133,051
2. Annuity considerations		21,802,478		(2,116)		21,800,362
3. Deposit-type contract funds	0		XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		21,935,529	0	(2,116)	0	21,933,413
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		253,041				253,041
10. Matured endowments		112,800				112,800
11. Annuity benefits		4,500,766		1,095,033		5,595,799
12. Surrender values and withdrawals for life contracts		15,798,812		33,684		15,832,496
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		20,665,419	0	1,128,717	0	21,794,136
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	54,307	0	0	0	0	0	0	2	54,307
17. Incurred during current year	6	511,534		0	0	0			6	511,534
Settled during current year:										
18.1 By payment in full	7	365,841		0	0	0			7	365,841
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	365,841	0	0	0	0	0	0	7	365,841
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	365,841	0	0	0	0	0	0	7	365,841
19. Unpaid Dec. 31, current year (16+17-18.6)	1	200,000	0	0	0	0	0	0	1	200,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	177	39,930,067	0	(a)	0	0	0	0	177	39,930,067
21. Issued during year									0	0
22. Other changes to in force (Net)	(38)	(13,751,628)							(38)	(13,751,628)
23. In force December 31 of current year	139	26,178,439	0	(a)	0	0	0	0	139	26,178,439

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	157,551	155,582		108,066	(210,246)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	157,551	155,582	0	108,066	(210,246)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	157,551	155,582	0	108,066	(210,246)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 1 8 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	179,194					179,194
2. Annuity considerations	111,055,221			14,901		111,070,122
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	111,234,415	0		14,901	0	111,249,316
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	962,524					962,524
10. Matured endowments	68,600					68,600
11. Annuity benefits	19,028,659			1,935,136		20,963,795
12. Surrender values and withdrawals for life contracts	54,236,904			166,569		54,403,473
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	74,296,687	0		2,101,705	0	76,398,392
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	4	1,031,124			0	0			4	1,031,124
Settled during current year:										
18.1 By payment in full	4	1,031,124			0	0			4	1,031,124
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	1,031,124	0	0	0	0			4	1,031,124
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	1,031,124	0	0	0	0			4	1,031,124
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0			0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	256	60,299,605	0	(a)	0	0	3,973	0	0	60,303,578
21. Issued during year	1	15,000							1	15,000
22. Other changes to in force (Net)	(49)	(14,161,677)				39			(49)	(14,161,638)
23. In force December 31 of current year	208	46,152,928	0	(a)	0	0	4,012	0	0	46,156,940

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	613	1,468			2,268
24.1 Federal Employees Health Benefits Plan premium (b)					3,273
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	190,723	192,753		167,083	164,041
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	190,723	192,753	0	167,083	164,041
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	191,336	194,221	0	169,351	167,314

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.235,003					.235,003
2. Annuity considerations .....	.184,096,228			.0		.184,096,228
3. Deposit-type contract funds .....	.0	.XXX			.XXX.	.0
4. Other considerations .....						.0
5. Totals (Sum of Lines 1 to 4) .....	.184,331,231		.0	.0	.0	.184,331,231
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....						.0
6.2 Applied to pay renewal premiums .....						.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						.0
6.4 Other .....						.0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0	.0
Annuities:						
7.1 Paid in cash or left on deposit .....						.0
7.2 Applied to provide paid-up annuities .....						.0
7.3 Other .....						.0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 plus 7.4) .....	.0	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....	.144,970			.157,341		.302,311
10. Matured endowments .....	.158,500			.6,310		.164,810
11. Annuity benefits .....	.21,069,906			.357,824		.21,427,730
12. Surrender values and withdrawals for life contracts .....	.126,802,488			.147,097		.126,949,585
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....						.0
15. Totals .....	.148,175,864		.0	.668,572		.148,844,436
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....	.0	.0	.0	.0	.0	.0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	.0	.0	.0	.0	.0	.0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	.50,000	0	.0	3	.5,996	0	.0	4	.55,996
17. Incurred during current year	2	.309,780			.31	.157,380			.33	.467,160
Settled during current year:										
18.1 By payment in full	2	.309,780			.30	.157,341			.32	.467,121
18.2 By payment on compromised claims									0	.0
18.3 Totals paid	2	.309,780	0	.0	.30	.157,341	0	.0	.32	.467,121
18.4 Reduction by compromise									0	.0
18.5 Amount rejected									0	.0
18.6 Total settlements	2	.309,780	0	.0	.30	.157,341	0	.0	.32	.467,121
19. Unpaid Dec. 31, current year (16+17-18.6)	1	.50,000	0	.0	4	.6,035	0	.0	5	.56,035
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	327	.54,160,244	0	(a)	0	1,934,062	0	.0	327	.56,094,306
21. Issued during year	1	.75,000							1	.75,000
22. Other changes to in force (Net)	(55)	(11,909,839)				(145,154)			(55)	(12,054,993)
23. In force December 31 of current year	273	.42,325,405	0	(a)	0	1,788,908	0	.0	273	.44,114,313

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	.0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)		(113)	(95)		2
25.3 Non-renewable for stated reasons only (b)					(709)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		(113)	(95)	0	2
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		(113)	(95)	0	2
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 0 .				0	and number of persons



6 3 3 1 2 2 0 2 2 4 3 0 2 0 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	70,937					70,937
2. Annuity considerations	42,456,229			251,113		42,707,342
3. Deposit-type contract funds	64,677	XXX			XXX	64,677
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	42,591,843	0		251,113	0	42,842,956
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	10,000			0		10,000
10. Matured endowments	45,400			0		45,400
11. Annuity benefits	4,562,655			1,026,807		5,589,462
12. Surrender values and withdrawals for life contracts	13,996,105			589,682		14,585,787
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	18,614,160	0	1,616,489	0		20,230,649
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	55,400			0	0			1	55,400
Settled during current year:										
18.1 By payment in full	1	55,400			0	0			1	55,400
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	55,400	0	0	0	0	0	0	1	55,400
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	55,400	0	0	0	0	0	0	1	55,400
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	167	26,511,186	0	(a)	0	44,358	0	0	167	26,555,544
21. Issued during year		10,000							0	10,000
22. Other changes to in force (Net)	(26)	(4,581,198)				395			(26)	(4,581,198)
23. In force December 31 of current year	141	21,939,593	0	(a)	0	44,753	0	0	141	21,984,346

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,384	9,436		64,306	17,700
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,384	9,436	0	64,306	17,700
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,384	9,436	0	64,306	17,700

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.582,250					.582,250
2. Annuity considerations .....	.114,414,700			0		.114,414,700
3. Deposit-type contract funds .....	.38,806		.XXX			.38,806
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	115,035,756		0	0	0	115,035,756
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0		0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....	.581,273					.581,273
10. Matured endowments .....	.1,135,301					.1,135,301
11. Annuity benefits .....	.14,635,711					.15,361,507
12. Surrender values and withdrawals for life contracts .....	.59,867,406					.60,024,410
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	76,219,691		0	882,800	0	77,102,491
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0		0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	4	.440,273	0	0	0	0	0	0	4	.440,273
17. Incurred during current year	9	.1,628,301			0	0			9	.1,628,301
Settled during current year:										
18.1 By payment in full	10	.1,716,574			0	0			10	.1,716,574
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	.1,716,574	0	0	0	0	0	0	10	.1,716,574
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	.1,716,574	0	0	0	0	0	0	10	.1,716,574
19. Unpaid Dec. 31, current year (16+17-18.6)	3	.352,000	0	0	0	0	0	0	3	.352,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	775	.184,340,795	0	(a)	0	0	2,814	0	775	.184,343,609
21. Issued during year	1	.15,000							1	.15,000
22. Other changes to in force (Net)	(95)	(28,142,007)					28		(95)	(28,141,979)
23. In force December 31 of current year	681	.156,213,788	0	(a)	0	0	2,842	0	681	.156,216,630

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	10,133	10,133			0
25.3 Non-renewable for stated reasons only (b)					166
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,133	10,133	0	0	166
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,133	10,133	0	0	166

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	500,251					500,251
2. Annuity considerations	202,982,052			1,445,979		204,428,031
3. Deposit-type contract funds	762,112	XXX				762,112
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	204,244,415	0	1,445,979		0	205,690,394
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	722,000			62,896		784,896
10. Matured endowments	184,300			5,432		189,732
11. Annuity benefits	25,126,873			4,942,926		30,069,799
12. Surrender values and withdrawals for life contracts	55,773,374			4,526,705		60,300,079
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	81,806,547	0	9,537,959		0	91,344,506
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year	7	1,211,732			10	62,896			17	1,274,628
Settled during current year:										
18.1 By payment in full	6	911,732			10	62,896			16	974,628
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	911,732	0	0	10	62,896	0	0	16	974,628
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	911,732	0	0	10	62,896	0	0	16	974,628
19. Unpaid Dec. 31, current year (16+17-18.6)	2	305,000	0	0	0	0	0	0	2	305,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	532	115,180,464	0	(a)	0	454,136	0	0	532	115,634,600
21. Issued during year									0	0
22. Other changes to in force (Net)	(101)	(27,027,680)				(65,967)			(101)	(27,093,647)
23. In force December 31 of current year	431	88,152,784	0	(a)	0	388,169	0	0	431	88,540,953

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	701	704		0	(21)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	701	704	0	0	(21)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	701	704	0	0	(21)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 2 3 1 0 0 0
ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	312,851					312,851
2. Annuity considerations	305,663,174			80,690		305,743,864
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	305,976,025	0	80,690	0		306,056,715
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	198,517					198,517
10. Matured endowments	83,800					83,800
11. Annuity benefits	47,359,573			2,202,305		49,561,878
12. Surrender values and withdrawals for life contracts	158,044,111			1,497,692		159,541,803
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		0
14. All other benefits, except accident and health						0
15. Totals	205,686,001	0	3,699,997	0		209,385,998
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	15,708	0	0	0	0	0	0	2	15,708
17. Incurred during current year	6	272,317			0	0			6	272,317
Settled during current year:										
18.1 By payment in full	7	282,317			0	0			7	282,317
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	282,317	0	0	0	0	0	0	7	282,317
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	282,317	0	0	0	0	0	0	7	282,317
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,708	0	0	0	0	0	0	1	5,708
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	360	79,167,011	0	(a) 0	1	2,670	0	0	361	79,169,681
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(48)	(13,100,847)				26			(48)	(13,100,821)
23. In force December 31 of current year	313	66,076,164	0	(a) 0	1	2,696	0	0	314	66,078,860

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	3,101	3,101			427
25.3 Non-renewable for stated reasons only (b)					485
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,101	3,101	0	427	485
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,101	3,101	0	427	485

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	365,041					365,041
2. Annuity considerations	100,734,771			10,296		100,745,067
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	101,099,812	0		10,296	0	101,110,108
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	682,081				0	682,081
10. Matured endowments	416,000				0	416,000
11. Annuity benefits	19,457,859			1,286,702		20,744,561
12. Surrender values and withdrawals for life contracts	61,440,996			322,913		61,763,909
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	81,996,936	0		1,609,615	0	83,606,551
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	15	1,098,081		0	0	0	0	0	15	1,098,081
Settled during current year:										
18.1 By payment in full	15	1,098,081		0	0	0	0	0	15	1,098,081
18.2 By payment on compromised claims								0		0
18.3 Totals paid	15	1,098,081	0	0	0	0	0	0	15	1,098,081
18.4 Reduction by compromise								0		0
18.5 Amount rejected								0		0
18.6 Total settlements	15	1,098,081	0	0	0	0	0	0	15	1,098,081
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	442	79,217,537	0	(a)	0	0	0	0	442	79,217,537
21. Issued during year		45,000							0	45,000
22. Other changes to in force (Net)	(79)	(23,730,020)							(79)	(23,730,020)
23. In force December 31 of current year	363	55,532,517	0	(a)	0	0	0	0	363	55,532,517

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	334	334		0	38
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	4,734	4,398		0	150
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,734	4,398	0	0	150
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,068	4,732	0	0	188

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	137,874					137,874
2. Annuity considerations	56,530,862			4,335		56,535,197
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	56,668,736	0		4,335	0	56,673,071
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	725,000					725,000
10. Matured endowments	21,400					21,400
11. Annuity benefits	9,236,020			690,481		9,926,501
12. Surrender values and withdrawals for life contracts	24,407,957			78,746		24,486,703
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	34,390,377	0		769,227	0	35,159,604
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	50,000	0	0	0	0	0	0	1	50,000
17. Incurred during current year	3	696,400		0	0	0		0	3	696,400
Settled during current year:										
18.1 By payment in full	4	746,400		0	0	0		4	746,400	
18.2 By payment on compromised claims								0		0
18.3 Totals paid	4	746,400	0	0	0	0	0	4	746,400	
18.4 Reduction by compromise								0		0
18.5 Amount rejected								0		0
18.6 Total settlements	4	746,400	0	0	0	0	0	4	746,400	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	191	45,146,193	0	(a)	0	23,259	0	0	191	45,169,452
21. Issued during year								0		0
22. Other changes to in force (Net)	(28)	(7,776,431)				200			(28)	(7,776,231)
23. In force December 31 of current year	163	37,369,762	0	(a)	0	23,459	0	0	163	37,393,221

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	7,176	7,187		17,217	16,830
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,176	7,187	0	17,217	16,830
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,176	7,187	0	17,217	16,830

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Missouri
 NAIC Group Code 0435

DURING THE YEAR 2022
 NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	311,871					311,871
2. Annuity considerations	300,408,536			(5,970)		300,402,566
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	300,720,407	0	(5,970)	0		300,714,437
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	258,000			6,318		264,318
10. Matured endowments	228,400			0		228,400
11. Annuity benefits	36,167,193			1,024,249		37,191,442
12. Surrender values and withdrawals for life contracts	224,305,132			397,995		224,703,127
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		0
14. All other benefits, except accident and health						0
15. Totals	260,958,725	0	1,428,562	0		262,387,287
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	496,400			1	6,318			6	502,718
Settled during current year:										
18.1 By payment in full	4	486,400			1	6,318			5	492,718
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	486,400	0	0	1	6,318	0	0	5	492,718
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	486,400	0	0	1	6,318	0	0	5	492,718
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	399	93,195,852	0	(a)	0	100,083	0	0	399	93,295,935
21. Issued during year	1	20,000							1	20,000
22. Other changes to in force (Net)	(87)	(27,313,183)				(5,378)			(87)	(27,318,561)
23. In force December 31 of current year	313	65,902,669	0	(a)	0	94,705	0	0	313	65,997,374

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	1,320	1,320			0
24.1 Federal Employees Health Benefits Plan premium (b)					149
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	174,864	167,316		122,293	266,813
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	174,864	167,316	0	122,293	266,813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	176,184	168,636	0	122,293	266,962

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 2 7 1 0 0
ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Montana DURING THE YEAR 2022
 NAIC Group Code 0435 NAIC Company Code 63312

LIFE INSURANCE		6 3 3 1 2 2 0 2 2 4 3 0 2 7 1 0 0				
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,561				9,561
2. Annuity considerations		3,076,385		0		3,076,385
3. Deposit-type contract funds		0	XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		3,085,946	0	0	0	3,085,946
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		275,000		2,503		277,503
10. Matured endowments		8,900		0		8,900
11. Annuity benefits		3,343,380		106,687		3,450,067
12. Surrender values and withdrawals for life contracts		3,662,646		13,005		3,675,651
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0		0
14. All other benefits, except accident and health						0
15. Totals		7,289,926	0	122,195	0	7,412,121
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	283,900			1	2,503			3	286,403
Settled during current year:										
18.1 By payment in full	2	283,900			1	2,503			3	286,403
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	283,900	0	0	1	2,503	0	0	3	286,403
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	283,900	0	0	1	2,503	0	0	3	286,403
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	23	3,119,436	0	(a)	0	9,730	0	0	23	3,129,166
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(360,389)				(7,817)			(3)	(368,206)
23. In force December 31 of current year	20	2,759,047	0	(a)	0	1,913	0	0	20	2,760,960

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)		6,987	6,987		0	67
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		6,987	6,987	0	0	67
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		6,987	6,987	0	0	67

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	171,170					171,170
2. Annuity considerations	39,022,462			(102)		39,022,360
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	39,193,632	0		(102)	0	39,193,530
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	350,000				0	350,000
10. Matured endowments	213,100				0	213,100
11. Annuity benefits	4,294,184			345,421		4,639,605
12. Surrender values and withdrawals for life contracts	11,287,201			36,775		11,323,976
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	16,144,485	0		382,196	0	16,526,681
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	250,000	0	0	0	0	0	0	1	250,000
17. Incurred during current year	2	378,662		0	0	0		0	2	378,662
Settled during current year:										
18.1 By payment in full	2	563,100		0	0	0		0	2	563,100
18.2 By payment on compromised claims								0		0
18.3 Totals paid	2	563,100	0	0	0	0	0	0	2	563,100
18.4 Reduction by compromise								0		0
18.5 Amount rejected								0		0
18.6 Total settlements	2	563,100	0	0	0	0	0	0	2	563,100
19. Unpaid Dec. 31, current year (16+17-18.6)	1	65,562	0	0	0	0	0	0	1	65,562
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	122	38,710,579	0	(a)	0	0	0	0	122	38,710,579
21. Issued during year								0		0
22. Other changes to in force (Net)	(20)	(12,350,306)							(20)	(12,350,306)
23. In force December 31 of current year	102	26,360,273	0	(a)	0	0	0	0	102	26,360,273

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	66,019	63,837		8,599	5,197
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	66,019	63,837	0	8,599	5,197
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	66,019	63,837	0	8,599	5,197

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 2 9 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Nevada
NAIC Group Code 0435

DURING THE YEAR 2022
NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	289,745					289,745
2. Annuity considerations	40,174,501			12,236		40,186,737
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	40,464,246	0		12,236	0	40,476,482
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	225,320				0	225,320
10. Matured endowments	166,700				0	166,700
11. Annuity benefits	8,353,950			566,095		8,920,045
12. Surrender values and withdrawals for life contracts	15,793,564			119,046		15,912,610
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	24,539,534	0		685,141	0	25,224,675
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	120,000	0	0	0	0	0	0	1	120,000
17. Incurred during current year	3	392,020			0	0			3	392,020
Settled during current year:										
18.1 By payment in full	3	392,020			0	0			3	392,020
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	392,020	0	0	0	0	0	0	3	392,020
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	392,020	0	0	0	0	0	0	3	392,020
19. Unpaid Dec. 31, current year (16+17-18.6)	1	120,000	0	0	0	0	0	0	1	120,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	346	76,628,347	0	(a)	0	0	234	0	346	76,628,581
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(42)	(14,687,859)					0		(42)	(14,687,859)
23. In force December 31 of current year	305	61,965,488	0	(a)	0	0	234	0	305	61,965,722

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	12,794	12,791			22,725
25.3 Non-renewable for stated reasons only (b)					23,536
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	12,794	12,791	0	22,725	23,536
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,794	12,791	0	22,725	23,536

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	65,968					65,968
2. Annuity considerations	51,151,614			52,715		51,204,329
3. Deposit-type contract funds	498,014	XXX				498,014
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	51,715,596	0		52,715	0	51,768,311
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	100,000			0		100,000
10. Matured endowments	34,500			0		34,500
11. Annuity benefits	7,306,722			689,939		7,996,661
12. Surrender values and withdrawals for life contracts	29,983,619			149,437		30,133,056
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	37,424,841	0	839,376	0		38,264,217
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	134,600		0	0	0	0	0	2	134,600
Settled during current year:										
18.1 By payment in full	1	134,500		0	0	0	0	1	134,500	
18.2 By payment on compromised claims								0		0
18.3 Totals paid	1	134,500	0	0	0	0	0	1	134,500	
18.4 Reduction by compromise								0		0
18.5 Amount rejected								0		0
18.6 Total settlements	1	134,500	0	0	0	0	0	1	134,500	
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100	0	0	0	0	0	1	100	
POLICY EXHIBIT										
20. In force December 31, prior year	113	20,333,446	0	(a)	0	11,209	0	0	113	20,344,655
21. Issued during year								0		0
22. Other changes to in force (Net)	(18)	(3,594,284)				112			(18)	(3,594,172)
23. In force December 31 of current year	95	16,739,162	0	(a)	0	11,321	0	0	95	16,750,483

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	62,078	72,453		224,105	621,913
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	62,078	72,453	0	224,105	621,913
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,078	72,453	0	224,105	621,913

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.619,828					619,828
2. Annuity considerations .....	.314,493,159			.145,991		314,639,150
3. Deposit-type contract funds .....	.37,728		.XXX			.37,728
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	315,150,715	0		.145,991	0	315,296,706
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	.0	0		.0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	.0	0		.0		0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....	.2,641,000					.2,641,000
10. Matured endowments .....	.0					0
11. Annuity benefits .....	.37,138,677			.2,837,670		.39,976,347
12. Surrender values and withdrawals for life contracts .....	.135,829,602			.1,298,331		.137,127,933
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	0		.0		0
14. All other benefits, except accident and health						0
15. Totals	175,609,279	0		4,136,001	0	179,745,280
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....	.0	0		.0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	.300,000	0	.0	0	0	0	0	1	.300,000
17. Incurred during current year	10	.4,046,000			0	0			10	.4,046,000
Settled during current year:										
18.1 By payment in full	9	.2,641,000			0	0			9	.2,641,000
18.2 By payment on compromised claims									0	.0
18.3 Totals paid	9	.2,641,000	0	.0	0	0	0	0	9	.2,641,000
18.4 Reduction by compromise									0	.0
18.5 Amount rejected									0	.0
18.6 Total settlements	9	.2,641,000	0	.0	0	0	0	0	9	.2,641,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	1,705,000	0	0	0	0	0	0	2	1,705,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	812	.146,302,238	0	(a)	0	1	.69,448	0	813	.146,371,686
21. Issued during year									0	.0
22. Other changes to in force (Net)	(108)	(28,539,883)							(108)	(28,539,883)
23. In force December 31 of current year	704	117,762,355	0	(a)	0	1	.69,448	0	705	117,831,803

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	.0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,662	7,396			1,609
25.3 Non-renewable for stated reasons only (b)					(2,511)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,662	7,396	0	1,609	(2,511)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,662	7,396	0	1,609	(2,511)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	208,289					208,289
2. Annuity considerations	16,707,140			11,770		16,718,910
3. Deposit-type contract funds	16,169	XXX			XXX	16,169
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	16,931,598	0		11,770	0	16,943,368
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	10,000				0	10,000
10. Matured endowments	89,600				0	89,600
11. Annuity benefits	3,325,938			140,214		3,466,152
12. Surrender values and withdrawals for life contracts	6,323,299			19,183		6,342,482
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	9,748,837	0		159,397	0	9,908,234
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	10,620	0	0	0	0	0	0	2	10,620
17. Incurred during current year	0	89,600		0	0	0		0	0	89,600
Settled during current year:										
18.1 By payment in full	1	99,600		0	0	0		1	99,600	
18.2 By payment on compromised claims								0		0
18.3 Totals paid	1	99,600	0	0	0	0	0	1	99,600	
18.4 Reduction by compromise								0		0
18.5 Amount rejected								0		0
18.6 Total settlements	1	99,600	0	0	0	0	0	1	99,600	
19. Unpaid Dec. 31, current year (16+17-18.6)	1	620	0	0	0	0	0	1	620	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	177	43,395,978	0	(a)	0	5,698	0	0	177	43,401,676
21. Issued during year								0		0
22. Other changes to in force (Net)	(34)	(14,215,012)				57			(34)	(14,214,955)
23. In force December 31 of current year	143	29,180,966	0	(a)	0	5,755	0	0	143	29,186,721

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	153,466					153,466
2. Annuity considerations	32,886,973			1,900		32,888,873
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	33,040,439	0		1,900	0	33,042,339
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	226,909				0	226,909
10. Matured endowments	81,000				0	81,000
11. Annuity benefits	10,725,089			1,002,820		11,727,909
12. Surrender values and withdrawals for life contracts	19,199,242			.87,269		19,286,511
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	30,232,240	0		1,090,089	0	31,322,329
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	30,000	0	0	0	0	0	0	2	30,000
17. Incurred during current year	4	303,209			0	0			4	303,209
Settled during current year:										
18.1 By payment in full	4	307,909			0	0			4	307,909
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	307,909	0	0	0	0	0	0	4	307,909
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	307,909	0	0	0	0	0	0	4	307,909
19. Unpaid Dec. 31, current year (16+17-18.6)	2	25,300	0	0	0	0	0	0	2	25,300
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	134	32,654,792	0	(a)	0	57,546	0	0	134	32,712,338
21. Issued during year									0	0
22. Other changes to in force (Net)	(19)	(6,393,205)				575			(19)	(6,392,630)
23. In force December 31 of current year	115	26,261,587	0	(a)	0	58,121	0	0	115	26,319,708

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,691	5,686		87	(223)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,691	5,686	0	87	(223)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,691	5,686	0	87	(223)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	988,178					988,178
2. Annuity considerations	371,702,744			73,020		371,775,764
3. Deposit-type contract funds	0		XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	372,690,922		0	73,020	0	372,763,942
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0		0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	2,229,972			5,915		2,235,887
10. Matured endowments	238,797			0		238,797
11. Annuity benefits	49,624,475			1,723,740		51,348,215
12. Surrender values and withdrawals for life contracts	194,534,471			1,239,511		195,773,982
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	246,627,715		0	2,969,166	0	249,596,881
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0		0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	12	1,054,631	0	0	0	0	0	0	12	1,054,631
17. Incurred during current year	89	1,626,421			1	12,582			90	1,639,003
Settled during current year:										
18.1 By payment in full	94	2,462,102			1	12,582			95	2,474,684
18.2 By payment on compromised claims									0	0
18.3 Totals paid	94	2,462,102	0	0	1	12,582	0	0	95	2,474,684
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	94	2,462,102	0	0	1	12,582	0	0	95	2,474,684
19. Unpaid Dec. 31, current year (16+17-18.6)	7	218,950	0	0	0	0	0	0	7	218,950
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,086	232,835,637	0	(a)	0	31,775	0	0	2,086	232,867,412
21. Issued during year	2	65,000							2	65,000
22. Other changes to in force (Net)	(226)	(34,513,121)				(6,885)			(226)	(34,520,006)
23. In force December 31 of current year	1,862	198,387,516	0	(a)	0	24,890	0	0	1,862	198,412,406

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums Earned Paid Incurred
24. Group Policies (b)	1,267	1,267			0
24.1 Federal Employees Health Benefits Plan premium (b)					143
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	1,429,233	1,547,968		1,244,305	1,285,546
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,429,233	1,547,968	0	1,244,305	1,285,546
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,430,500	1,549,235	0	1,244,305	1,285,689

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	49,288					49,288
2. Annuity considerations	18,595,250			0		18,595,250
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	18,644,538	0		0	0	18,644,538
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	163,700			0		163,700
11. Annuity benefits	1,778,423			22,852		1,801,275
12. Surrender values and withdrawals for life contracts	15,548,095			4,963		15,553,058
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0		0
14. All other benefits, except accident and health						0
15. Totals	17,490,218	0		27,815	0	17,518,033
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	163,700			0	0			0	163,700
Settled during current year:										
18.1 By payment in full	0	163,700			0	0			0	163,700
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	163,700	0	0	0	0	0	0	0	163,700
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	163,700	0	0	0	0	0	0	0	163,700
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	8,855,328	0	(a)	0	0	0	0	32	8,855,328
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(3,742,589)							(13)	(3,742,589)
23. In force December 31 of current year	19	5,112,739	0	(a)	0	0	0	0	19	5,112,739

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0			0
25.3 Non-renewable for stated reasons only (b)					0
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	529,288					529,288
2. Annuity considerations	338,770,546			486,072		339,256,618
3. Deposit-type contract funds	665,737	XXX			XXX	.665,737
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	339,965,571	0		486,072	0	340,451,643
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	977,823					.977,823
10. Matured endowments	266,199					266,199
11. Annuity benefits	63,274,065			6,202,963		69,477,028
12. Surrender values and withdrawals for life contracts	170,163,867			2,573,971		172,737,838
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	234,681,954	0		8,776,934	0	243,458,888
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount	
16. Unpaid December 31, prior year	0	0	0	0	1	258	0	0	1	258	
17. Incurred during current year	15	1,360,022		0	0	0			15	1,360,022	
Settled during current year:											
18.1 By payment in full	12	1,244,022		0	0	0			12	1,244,022	
18.2 By payment on compromised claims									0	0	
18.3 Totals paid	12	1,244,022	0	0	0	0	0	0	12	1,244,022	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	12	1,244,022	0	0	0	0	0	0	12	1,244,022	
19. Unpaid Dec. 31, current year (16+17-18.6)	3	116,000	0	0	1	258	0	0	4	116,258	
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	692	140,991,690	0	(a)	0	0	0	0	692	140,991,977	
21. Issued during year	3	230,000							3	230,000	
22. Other changes to in force (Net)	(136)	(39,096,797)							(136)	(39,096,797)	
23. In force December 31 of current year	559	102,124,893	0	(a)	0	0	287	0	0	559	102,125,180

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	495	495		0	56
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	62,201	61,296		11,102	12,660
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	62,201	61,296	0	11,102	12,660
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,696	61,791	0	11,102	12,716

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	503,401					503,401
2. Annuity considerations	34,736,576			1,300		34,737,876
3. Deposit-type contract funds	362,382	XXX			XXX	362,382
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	35,602,359	0		1,300	0	35,603,659
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	676,534			4,225		680,759
10. Matured endowments	0			0		0
11. Annuity benefits	5,555,053			452,931		6,007,984
12. Surrender values and withdrawals for life contracts	13,033,779			136,350		13,170,129
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	19,265,366	0		593,506	0	19,858,872
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	3	225,000	0	0	0	0	0	0	3	.225,000
17. Incurred during current year Settled during current year:	8	451,534			1	4,225			9	.455,759
18.1 By payment in full	11	676,534			1	4,225			12	.680,759
18.2 By payment on compromised claims									0	.0
18.3 Totals paid	11	676,534	0	0	1	4,225	0	0	12	.680,759
18.4 Reduction by compromise									0	.0
18.5 Amount rejected									0	.0
18.6 Total settlements	11	676,534	0	0	1	4,225	0	0	12	.680,759
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	537	97,387,131	0	(a)	0	115,844	0	0	537	.97,502,975
21. Issued during year		25,000							0	.25,000
22. Other changes to in force (Net)	(78)	(16,790,618)				(3,160)			(78)	(16,793,778)
23. In force December 31 of current year	459	80,621,513	0	(a)	0	112,684	0	0	459	80,734,197

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	94,153	94,321		115,154	114,461
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	94,153	94,321	0	115,154	114,461
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	94,153	94,321	0	115,154	114,461

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	105,547					105,547
2. Annuity considerations	38,615,408			0		38,615,408
3. Deposit-type contract funds	19,215		XXX			19,215
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	38,740,170		0	0	0	38,740,170
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	769,545				0	769,545
10. Matured endowments	65,544				0	65,544
11. Annuity benefits	12,810,531			483,215		13,293,746
12. Surrender values and withdrawals for life contracts	40,469,243			479,059		40,948,302
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	54,114,863		0	962,274	0	55,077,137
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount	
16. Unpaid December 31, prior year	20	30,674	0	0	0	0	0	0	20	30,674	
17. Incurred during current year	240	816,311		0	0	21,944		0	240	838,255	
Settled during current year:											
18.1 By payment in full	237	813,145		0	0	21,944		0	237	835,089	
18.2 By payment on compromised claims								0		0	
18.3 Totals paid	237	813,145	0	0	0	21,944	0	0	237	835,089	
18.4 Reduction by compromise								0		0	
18.5 Amount rejected								0		0	
18.6 Total settlements	237	813,145	0	0	0	21,944	0	0	237	835,089	
19. Unpaid Dec. 31, current year (16+17-18.6)	23	33,840	0	0	0	0	0	0	23	33,840	
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	3,093	37,492,568	0	(a)	0	0	14,694	0	0	3,093	37,507,262
21. Issued during year									0		0
22. Other changes to in force (Net)	(285)	(8,972,068)					147			(285)	(8,971,921)
23. In force December 31 of current year	2,808	28,520,500	0	(a)	0	0	14,841	0	0	2,808	28,535,341

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,092	5,092		0	573
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	76,210	84,570		72,509	48,620
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	76,210	84,570	0	72,509	48,620
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,302	89,662	0	72,509	49,193

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 3 9 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,158,667				1,158,667
2. Annuity considerations		409,981,966		10,721		409,992,687
3. Deposit-type contract funds		780,931	XXX			780,931
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		411,921,564	0	10,721	0	411,932,285
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,330,000				1,330,000
10. Matured endowments		359,090				359,090
11. Annuity benefits		55,255,622				55,259,672
12. Surrender values and withdrawals for life contracts		229,638,333		4,004,050		229,828,597
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	190,264		0
14. All other benefits, except accident and health						0
15. Totals		286,583,045	0	4,194,314	0	290,777,359
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	5	350,999	0	0	0	0	0	0	5	350,999
17. Incurred during current year	14	1,441,090		0	0	0		0	14	1,441,090
Settled during current year:										
18.1 By payment in full	16	1,689,090		0	0	0		0	16	1,689,090
18.2 By payment on compromised claims				0	0	0		0		0
18.3 Totals paid	16	1,689,090	0	0	0	0	0	0	16	1,689,090
18.4 Reduction by compromise				0	0	0		0		0
18.5 Amount rejected				0	0	0		0		0
18.6 Total settlements	16	1,689,090	0	0	0	0	0	0	16	1,689,090
19. Unpaid Dec. 31, current year (16+17-18.6)	3	102,999	0	0	0	0	0	0	3	102,999
POLICY EXHIBIT										
20. In force December 31, prior year	1,361	305,601,587	0	(a)	0	0	25,860	0	1,361	305,627,447
21. Issued during year	1	45,000						0	1	45,000
22. Other changes to in force (Net)	(220)	(68,456,773)					227		(220)	(68,456,546)
23. In force December 31 of current year	1,142	237,189,814	0	(a)	0	0	26,087	0	1,142	237,215,901

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	11,965	14,744			3,745
25.3 Non-renewable for stated reasons only (b)					4,039
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,965	14,744	0	3,745	4,039
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,965	14,744	0	3,745	4,039

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	52,312					52,312
2. Annuity considerations	48,365,090			233,884		48,598,974
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	48,417,402	0	233,884		0	48,651,286
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	7,600			0		7,600
11. Annuity benefits	7,073,602			510,098		7,583,700
12. Surrender values and withdrawals for life contracts	26,877,624			703,000		27,580,624
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	33,958,826	0	1,213,098		0	35,171,924
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	132,600			0	0			1	132,600
Settled during current year:										
18.1 By payment in full	0	7,600			0	0			0	7,600
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	7,600	0	0	0	0	0	0	0	7,600
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	7,600	0	0	0	0	0	0	0	7,600
19. Unpaid Dec. 31, current year (16+17-18.6)	1	125,000	0	0	0	0	0	1	125,000	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.71	12,696,420	0	(a) 0	0	33,894	0	0	.71	12,730,314
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(1,354,059)				4,337			(7)	(1,349,722)
23. In force December 31 of current year	64	11,342,361	0	(a) 0	0	38,231	0	0	64	11,380,592

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	9,390	9,523		72,429	50,471
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,390	9,523	0	72,429	50,471
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,390	9,523	0	72,429	50,471

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF South Carolina
NAIC Group Code 0435

DURING THE YEAR 2022
NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	402,286					402,286
2. Annuity considerations	223,629,996			15,130		223,645,126
3. Deposit-type contract funds	419,261	XXX			XXX	419,261
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	224,451,543	0		15,130	0	224,466,673
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	605,313			0		605,313
10. Matured endowments	40,500			0		40,500
11. Annuity benefits	33,181,819			983,756		34,165,575
12. Surrender values and withdrawals for life contracts	123,275,108			239,587		123,514,695
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	157,102,740	0	1,223,343	0		158,326,083
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

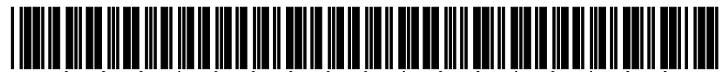
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	12	645,813		0	0	0			12	645,813
Settled during current year:										
18.1 By payment in full	12	645,813		0	0	0			12	645,813
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	645,813	0	0	0	0	0	12	645,813	
18.4 Reduction by compromise								0	0	0
18.5 Amount rejected								0	0	0
18.6 Total settlements	12	645,813	0	0	0	0	0	12	645,813	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	504	89,306,864	0	(a)	0	22,643	0	0	504	89,329,507
21. Issued during year	2	40,000							2	40,000
22. Other changes to in force (Net)	(63)	(14,567,671)				291			(63)	(14,567,380)
23. In force December 31 of current year	443	74,779,193	0	(a)	0	22,934	0	0	443	74,802,127

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	299,665	298,122		263,323	331,986
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	299,665	298,122	0	263,323	331,986
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	299,665	298,122	0	263,323	331,986

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	44,370					44,370
2. Annuity considerations	14,583,936			2,400		14,586,336
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	14,628,306	0		2,400	0	14,630,706
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	153,050			0		153,050
11. Annuity benefits	2,277,341			736,479		3,013,820
12. Surrender values and withdrawals for life contracts	5,232,860			100,890		5,333,750
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	7,663,251	0		837,369	0	8,500,620
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	153,050			0	0			0	153,050
Settled during current year:										
18.1 By payment in full	0	153,050			0	0			0	153,050
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	153,050	0	0	0	0	0	0	0	153,050
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	153,050	0	0	0	0	0	0	0	153,050
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.51	12,546,169	0	(a)	0	0	0	0	.51	12,546,169
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(3,175,000)							(13)	(3,175,000)
23. In force December 31 of current year	38	9,371,169	0	(a)	0	0	0	0	38	9,371,169

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	25	1,335			8,987
25.3 Non-renewable for stated reasons only (b)					(38,349)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	25	1,335	0	8,987	(38,349)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25	1,335	0	8,987	(38,349)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	393,404					393,404
2. Annuity considerations	316,548,576			37,606		316,586,182
3. Deposit-type contract funds	163,870		XXX			163,870
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	317,105,850	0		37,606	0	317,143,456
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,040,898			445,900		1,486,798
10. Matured endowments	47,700			454		48,154
11. Annuity benefits	37,231,836			2,122,943		39,354,779
12. Surrender values and withdrawals for life contracts	115,492,461			477,538		115,969,999
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	153,812,895	0		3,046,835	0	156,859,730
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	8,349	0	0	4	18,020	0	0	5	26,369
17. Incurred during current year	9	1,105,703			.69	433,871			.78	1,539,574
Settled during current year:										
18.1 By payment in full	9	1,089,052			.70	445,900			.79	1,534,952
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,089,052	0	0	.70	445,900	0	0	.79	1,534,952
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,089,052	0	0	.70	445,900	0	0	.79	1,534,952
19. Unpaid Dec. 31, current year (16+17-18.6)	1	25,000	0	0	3	5,991	0	0	4	30,991
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	591	174,573,189	0	(a)	0	4,990,778	0	0	591	179,563,967
21. Issued during year									0	0
22. Other changes to in force (Net)	(109)	(39,185,229)				(404,334)			(109)	(39,589,563)
23. In force December 31 of current year	482	135,387,960	0	(a)	0	4,586,444	0	0	482	139,974,404

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4		5 Direct Losses Incurred
				4 Direct Losses Paid	5 Direct Losses Incurred	
24. Group Policies (b)	0	0			0	0
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)	205,949	228,428			164,369	479
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)	205,949	228,428	0		164,369	479
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	205,949	228,428	0		164,369	479

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 4 4 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Texas DURING THE YEAR 2022
 NAIC Group Code 0435 NAIC Company Code 63312

LIFE INSURANCE		1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance		2,349,244				2,349,244
2. Annuity considerations		362,556,310		313,670		362,869,980
3. Deposit-type contract funds		591,025	XXX			591,025
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		365,496,579	0	313,670	0	365,810,249
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		4,053,844				4,053,844
10. Matured endowments		3,169,800				3,169,800
11. Annuity benefits		61,512,492		2,866,663		64,379,155
12. Surrender values and withdrawals for life contracts		160,123,382		3,600,429		163,723,811
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		228,859,518	0	6,467,092	0	235,326,610
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	9	573,583	0	0	0	0	0	0	9	573,583
17. Incurred during current year	30	7,710,148			0	0			30	7,710,148
Settled during current year:										
18.1 By payment in full	30	7,223,644			0	0			30	7,223,644
18.2 By payment on compromised claims									0	0
18.3 Totals paid	30	7,223,644	0	0	0	0	0	0	30	7,223,644
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	30	7,223,644	0	0	0	0	0	0	30	7,223,644
19. Unpaid Dec. 31, current year (16+17-18.6)	9	1,060,087	0	0	0	0	0	9	1,060,087	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,711	608,485,351	0	(a)	0	0	142,414	0	2,711	608,627,765
21. Issued during year	8	160,000							8	160,000
22. Other changes to in force (Net)	(477)	(144,641,195)				1,939			(477)	(144,639,256)
23. In force December 31 of current year	2,242	464,004,156	0	(a)	0	0	144,353	0	2,242	464,148,509

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	146,491	145,245		78,153	78,427
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	146,491	145,245	0	78,153	78,427
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,491	145,245	0	78,153	78,427

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	114,605					114,605
2. Annuity considerations	64,594,894			0		64,594,894
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	64,709,499	0		0	0	64,709,499
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	10,669			0		10,669
10. Matured endowments	29,400			0		29,400
11. Annuity benefits	17,677,668			151,882		17,829,550
12. Surrender values and withdrawals for life contracts	39,921,679			83,167		40,004,846
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0		0
14. All other benefits, except accident and health						0
15. Totals	57,639,416	0	235,049		0	57,874,465
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	4	65,069			0	0			4	65,069
Settled during current year:										
18.1 By payment in full	3	40,069			0	0			3	40,069
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	40,069	0	0	0	0	0	0	3	40,069
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	40,069	0	0	0	0	0	0	3	40,069
19. Unpaid Dec. 31, current year (16+17-18.6)	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	153	45,968,414	0	(a)	0	0	0	0	153	45,968,414
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(11,029,253)							(30)	(11,029,253)
23. In force December 31 of current year	123	34,939,161	0	(a)	0	0	0	0	123	34,939,161

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	41,249	41,383		30,343	30,677
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	41,249	41,383	0	30,343	30,677
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,249	41,383	0	30,343	30,677

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	29,590					29,590
2. Annuity considerations	21,574,052			18,280		21,592,332
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	21,603,642	0		18,280	0	21,621,922
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	16,783					16,783
10. Matured endowments	0					0
11. Annuity benefits	2,837,132			230,057		3,067,189
12. Surrender values and withdrawals for life contracts	3,941,097			10,937		3,952,034
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	6,795,012	0		240,994	0	7,036,006
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	4	68,935			0	0			4	68,935
Settled during current year:										
18.1 By payment in full	2	16,783			0	0			2	16,783
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	16,783	0	0	0	0	0	0	2	16,783
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	16,783	0	0	0	0	0	0	2	16,783
19. Unpaid Dec. 31, current year (16+17-18.6)	2	52,152	0	0	0	0	0	0	2	52,152
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	52	8,543,402	0	(a) 0	0	4,047	0	0	52	8,547,449
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(9)	(1,693,320)				40			(9)	(1,693,280)
23. In force December 31 of current year	44	6,875,082	0	(a) 0	0	4,087	0	0	44	6,879,169

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	18,900	18,708		0	255
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	18,900	18,708	0	0	255
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,900	18,708	0	0	255

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0435

DURING THE YEAR 2022
NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	858,245					858,245
2. Annuity considerations	158,381,525			14,604		158,396,129
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	159,239,770	0		14,604	0	159,254,374
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,479,350			10,185		1,489,535
10. Matured endowments	980,600			0		980,600
11. Annuity benefits	30,653,795			725,273		31,379,068
12. Surrender values and withdrawals for life contracts	90,495,390			282,708		90,778,098
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	123,609,135	0		1,018,166	0	124,627,301
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	5	459,110	0	0	0	0	0	0	5	459,110
17. Incurred during current year	16	2,512,964			1	10,185			17	2,523,149
Settled during current year:										
18.1 By payment in full	14	2,459,950			1	10,185			15	2,470,135
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	2,459,950	0	0	1	10,185	0	0	15	2,470,135
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	2,459,950	0	0	1	10,185	0	0	15	2,470,135
19. Unpaid Dec. 31, current year (16+17-18.6)	7	512,124	0	0	0	0	0	0	7	512,124
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,154	266,238,199	0	(a)	0	82,262	0	0	1,154	266,320,461
21. Issued during year	6	207,000							6	207,000
22. Other changes to in force (Net)	(208)	(64,208,346)				(8,915)			(208)	(64,217,261)
23. In force December 31 of current year	952	202,236,853	0	(a)	0	73,347	0	0	952	202,310,200

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	4,603	3,748		0	192
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	222,013	207,138		66,215	654,395
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	222,013	207,138	0	66,215	654,395
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	226,616	210,886	0	66,215	654,587

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Washington DURING THE YEAR 2022
NAIC Group Code 0435 NAIC Company Code 63312

LIFE INSURANCE		1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance		377,946				377,946
2. Annuity considerations		149,960,960		134,194		150,095,154
3. Deposit-type contract funds		181,710	XXX		XXX	181,710
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		150,520,616	0	134,194	0	150,654,810
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		560,873				560,873
10. Matured endowments		22,463				22,463
11. Annuity benefits		36,945,789		1,115,220		38,061,009
12. Surrender values and withdrawals for life contracts		98,461,223		1,230,151		99,691,374
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		135,990,348	0	2,345,371	0	138,335,719
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3 No. of Ind.Pols. & Gr. Certifs.	4	5 No. of Certifs.	6	7 No. of Ind.Pols. & Certifs.	8	9 No. of Ind.Pols. & Certifs.	10
16. Unpaid December 31, prior year	4	307,488	0	0	0	0	0	0	4	307,488
17. Incurred during current year	12	283,190			0	.63			12	283,253
Settled during current year:										
18.1 By payment in full	12	583,273			0	.63			12	583,336
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	583,273	0	0	.63	0	0	12	583,336	
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	583,273	0	0	.63	0	0	12	583,336	
19. Unpaid Dec. 31, current year (16+17-18.6)	4	7,405	0	0	0	0	0	4	7,405	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	490	87,263,887	0	(a)	0	0	9,953	0	490	87,273,840
21. Issued during year	3	90,000							3	90,000
22. Other changes to in force (Net)	(100)	(31,256,326)					100		(100)	(31,256,226)
23. In force December 31 of current year	393	56,097,561	0	(a)	0	0	10,053	0	393	56,107,614

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)		0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)		174,419	178,652		134,791	37,719
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		174,419	178,652	0	134,791	37,719
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		174,419	178,652	0	134,791	37,719

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0435

DURING THE YEAR 2022

NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	119,675					119,675
2. Annuity considerations	54,419,250			0		54,419,250
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	54,538,925	0		0	0	54,538,925
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	35,000			0		35,000
10. Matured endowments	0			0		0
11. Annuity benefits	4,403,860			197,186		4,601,046
12. Surrender values and withdrawals for life contracts	32,643,204			69,411		32,712,615
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	37,082,064	0	266,597		0	37,348,661
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	35,000			0	0			1	35,000
Settled during current year:										
18.1 By payment in full	1	35,000			0	0			1	35,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	35,000	0	0	0	0	0	0	1	35,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	35,000	0	0	0	0	0	0	1	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.71	13,235,966	0	(a)	0	0	0	0	.71	13,235,966
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(2,188,495)							(9)	(2,188,495)
23. In force December 31 of current year	62	11,047,471	0	(a)	0	0	0	0	62	11,047,471

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,580	5,574			1,312
25.3 Non-renewable for stated reasons only (b)					1,461
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,580	5,574	0	1,312	1,461
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,580	5,574	0	1,312	1,461

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 5 0 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Wisconsin
 NAIC Group Code 0435

DURING THE YEAR 2022
 NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	211,883					211,883
2. Annuity considerations	130,536,675			6,121		130,542,796
3. Deposit-type contract funds	395,819	XXX				395,819
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	131,144,377	0		6,121	0	131,150,498
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	172,000			0		172,000
10. Matured endowments	366,500			0		366,500
11. Annuity benefits	16,474,307			4,052,404		20,526,711
12. Surrender values and withdrawals for life contracts	55,682,521			30,160		55,712,681
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	72,695,328	0	4,082,564	0		76,777,892
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year Settled during current year:	9	534,500			0	0			9	534,500
18.1 By payment in full	9	538,500			0	0			9	538,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	538,500	0	0	0	0	0	0	9	538,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	538,500	0	0	0	0	0	0	9	538,500
19. Unpaid Dec. 31, current year (16+17-18.6)	1	6,000	0	0	0	0	0	0	1	6,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	341	63,576,737	0	(a)	0	0	0	0	341	63,576,737
21. Issued during year	1	50,000							1	50,000
22. Other changes to in force (Net)	(65)	(13,984,810)							(65)	(13,984,810)
23. In force December 31 of current year	277	49,641,927	0	(a)	0	0	0	0	277	49,641,927

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	57,030	62,517			(185,317)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	201,959	235,183		337,242	376,656
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	201,959	235,183	0	337,242	376,656
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	258,989	297,700	0	366,832	191,339

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
 insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 5 1 1 0 0
ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2022
 NAIC Group Code 0435 NAIC Company Code 63312

LIFE INSURANCE		1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance		22,093				22,093
2. Annuity considerations		4,238,285		0		4,238,285
3. Deposit-type contract funds		0	XXX			0
4. Other considerations					XXX	
5. Totals (Sum of Lines 1 to 4)		4,260,378	0	0	0	4,260,378
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0		0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,439			0	5,439
10. Matured endowments		21,800			0	21,800
11. Annuity benefits		1,580,896			20,671	1,601,567
12. Surrender values and withdrawals for life contracts		3,931,458			0	3,931,458
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0		0
14. All other benefits, except accident and health						0
15. Totals		5,539,593	0	20,671	0	5,560,264
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3 No. of Ind.Pols. & Gr. Certifs.	4	5 No. of Certifs.	6	7 No. of Pols. & Certifs.	8	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	27,239			0	0		1	27,239	
Settled during current year:										
18.1 By payment in full	1	27,239			0	0		1	27,239	
18.2 By payment on compromised claims					0	0		0	0	
18.3 Totals paid	1	27,239	0	0	0	0		1	27,239	
18.4 Reduction by compromise								0	0	
18.5 Amount rejected								0	0	
18.6 Total settlements	1	27,239	0	0	0	0		1	27,239	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0		0	0	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	6,950,040	0	(a)	0	0		0	32	6,950,040
21. Issued during year								0	0	0
22. Other changes to in force (Net)	(11)	(3,463,874)							(11)	(3,463,874)
23. In force December 31 of current year	21	3,486,166	0	(a)	0	0		0	21	3,486,166

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)		0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)		0	0		0	0
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						0
2. Annuity considerations						0
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	0	0		0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0				0	0
10. Matured endowments	0				0	0
11. Annuity benefits	0				0	0
12. Surrender values and withdrawals for life contracts	0				0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	0	0		0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)						0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0 (a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	88,482					88,482
2. Annuity considerations	0			0		0
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	88,482	0		0	0	88,482
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	222,396			0		222,396
10. Matured endowments	77,100			0		77,100
11. Annuity benefits	0			1,369		1,369
12. Surrender values and withdrawals for life contracts	5,817			0		5,817
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0		0
14. All other benefits, except accident and health						0
15. Totals	305,313	0		1,369	0	306,682
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	3	283,150	0	0	0	0	0	0	3	283,150
17. Incurred during current year	1	166,346		0	0	0		0	1	166,346
Settled during current year:										
18.1 By payment in full	3	299,496		0	0	0		0	3	299,496
18.2 By payment on compromised claims								0		0
18.3 Totals paid	3	299,496	0	0	0	0	0	0	3	299,496
18.4 Reduction by compromise								0		0
18.5 Amount rejected								0		0
18.6 Total settlements	3	299,496	0	0	0	0	0	0	3	299,496
19. Unpaid Dec. 31, current year (16+17-18.6)	1	150,000	0	0	0	0	0	0	1	150,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	113	22,956,262	0	(a)	0	0	0	0	113	22,956,262
21. Issued during year								0		0
22. Other changes to in force (Net)	(17)	(4,868,892)							(17)	(4,868,892)
23. In force December 31 of current year	96	18,087,370	0	(a)	0	0	0	0	96	18,087,370

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		654				654
2. Annuity considerations		0		0		0
3. Deposit-type contract funds		0	XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		654	0	0	0	654
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0		0		0
10. Matured endowments		0		0		0
11. Annuity benefits		0		156,234		156,234
12. Surrender values and withdrawals for life contracts		90,407		0		90,407
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		90,407	0	156,234	0	246,641
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	10,000			0	0			1	10,000
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims					0	0			0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	38,000	0	(a)	0	0	0	0	5	38,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	5	38,000	0	(a)	0	0	0	0	5	38,000

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,379				3,379
2. Annuity considerations		0		0		0
3. Deposit-type contract funds		0	XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		3,379	0	0	0	3,379
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0		0		0
10. Matured endowments		0		0		0
11. Annuity benefits		387		2,712		3,099
12. Surrender values and withdrawals for life contracts		14,155		0		14,155
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		14,542	0	2,712	0	17,254
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims					0	0			0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	1,525,000	0	(a)	0	0	0	0	4	1,525,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	4	1,525,000	0	(a)	0	0	0	0	4	1,525,000

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands
 NAIC Group Code 0435

LIFE INSURANCE

DURING THE YEAR 2022
 NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						0
2. Annuity considerations						0
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	0			0		0
11. Annuity benefits	0			0		0
12. Surrender values and withdrawals for life contracts	0			0		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year			(a)						0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
DIRECT BUSINESS IN THE STATE OF Canada
NAIC Group Code 0435

DURING THE YEAR 2022
NAIC Company Code 63312

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,144					1,144
2. Annuity considerations	0			0		0
3. Deposit-type contract funds	0	XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	1,144	0		0	0	1,144
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0		0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0			0		0
10. Matured endowments	0			0		0
11. Annuity benefits	0			0		0
12. Surrender values and withdrawals for life contracts	0			0		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0		0
14. All other benefits, except accident and health						0
15. Totals	0	0		0		0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)						0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0 (a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0			0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	0	0			0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	67,986		0	0	0	67,986
2. Annuity considerations	55,260		0	0	0	55,260
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	123,246		0	0	0	123,246
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	6,100		0	0	0	6,100
11. Annuity benefits	3,097,727		0	137,542	0	3,235,269
12. Surrender values and withdrawals for life contracts	1,530,883		0	8,994	0	1,539,877
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	4,634,710		0	146,536	0	4,781,246
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	6,100	0	0	0	0	0	0	0	6,100
Settled during current year:										
18.1 By payment in full	0	6,100	0	0	0	0	0	0	0	6,100
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	6,100	0	0	0	0	0	0	0	6,100
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	6,100	0	0	0	0	0	0	0	6,100
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	8,551,992	0	(a) 0	2	69,313	0	0	34	8,621,305
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	5	57,112	0	0	0	0	0	0	5	57,112
23. In force December 31 of current year	37	8,609,104	0	(a) 0	2	69,313	0	0	39	8,678,417

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



6 3 3 1 2 2 0 2 2 4 3 0 5 9 1 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	23,397,888		0	0	0	23,397,888
2. Annuity considerations	7,344,903,144		0	5,079,283	0	7,349,982,427
3. Deposit-type contract funds	9,164,370	XXX		0	XXX	9,164,370
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	7,377,465,402		0	5,079,283	0	7,382,544,685
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	39,933,564		0	1,161,997	0	41,095,561
10. Matured endowments	22,447,992		0	18,225	0	22,466,217
11. Annuity benefits	1,134,953,050		0	74,836,126	0	1,209,789,176
12. Surrender values and withdrawals for life contracts	3,739,188,327		0	40,433,962	0	3,779,622,289
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	4,936,522,933		0	116,450,310	0	5,052,973,243
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	117	7,881,231	0	0	14	44,968	0	0	131	7,926,199
17. Incurred during current year	732	62,846,359	0	0	192	1,160,222	0	0	924	64,006,581
Settled during current year:										
18.1 By payment in full	732	62,369,280	0	0	195	1,192,497	0	0	927	63,561,777
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	732	62,369,280	0	0	195	1,192,497	0	0	927	63,561,777
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	732	62,369,280	0	0	195	1,192,497	0	0	927	63,561,777
19. Unpaid Dec. 31, current year (16+17-18.6)	117	8,358,310	0	0	11	12,693	0	0	128	8,371,003
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32,401	6,267,205,702	0	(a) 0	11	13,026,226	0	0	32,412	6,280,231,928
21. Issued during year	49	1,619,500	0	0	0	0	0	0	49	1,619,500
22. Other changes to in force (Net)	(4,901)	(1,368,961,750)	0	0	0	(1,063,437)	0	0	(4,901)	(1,370,025,187)
23. In force December 31 of current year	27,549	4,899,863,452	0	(a) 0	11	11,962,789	0	0	27,560	4,911,826,241

(a) Includes Individual Credit Life Insurance prior year \$0 , current year \$0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$0 , current year \$0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$0 , current year \$0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	70,754	76,241	0	31,858	(180,893)
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancellable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	4,677,107	4,890,340	0	4,137,579	4,893,518
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,677,107	4,890,340	0	4,137,579	4,893,518
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,747,861	4,966,581	0	4,169,437	4,712,625

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	95,332,234
2. Current year's realized pre-tax capital gains/(losses) of \$ 43,472,264 transferred into the reserve net of taxes of \$ 9,129,175	34,343,089
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	129,675,322
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	36,421,280
6. Reserve as of December 31, current year (Line 4 minus Line 5)	93,254,042

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2022	25,731,225	10,690,055	0	36,421,280
2. 2023	17,238,221	17,964,137	0	35,202,358
3. 2024	13,015,224	14,192,203	0	27,207,428
4. 2025	8,919,810	8,709,691	0	17,629,501
5. 2026	6,352,172	3,030,336	0	9,382,508
6. 2027	4,678,680	(2,924,205)	0	1,754,475
7. 2028	3,953,290	(5,366,337)	0	(1,413,047)
8. 2029	3,089,269	(4,318,467)	0	(1,229,197)
9. 2030	2,592,926	(3,182,488)	0	(589,562)
10. 2031	1,839,042	(2,001,036)	0	(161,994)
11. 2032	1,462,228	(736,207)	0	726,021
12. 2033	1,310,886	(122,621)	0	1,188,265
13. 2034	1,131,338	(112,435)	0	1,018,903
14. 2035	870,896	(105,412)	0	765,484
15. 2036	658,401	(95,602)	0	562,799
16. 2037	507,057	(86,634)	0	420,423
17. 2038	410,452	(83,231)	0	327,221
18. 2039	335,997	(82,882)	0	253,115
19. 2040	255,546	(84,334)	0	171,212
20. 2041	231,124	(85,685)	0	145,439
21. 2042	206,908	(85,163)	0	121,745
22. 2043	148,172	(88,226)	0	59,946
23. 2044	133,451	(93,032)	0	40,419
24. 2045	138,805	(96,006)	0	42,799
25. 2046	90,146	(103,001)	0	(12,855)
26. 2047	52,183	(105,904)	0	(53,721)
27. 2048	21,627	(100,265)	0	(78,638)
28. 2049	(1,144)	(79,803)	0	(80,947)
29. 2050	(27,898)	(57,294)	0	(85,192)
30. 2051	(13,803)	(34,786)	0	(48,589)
31. 2052 and Later		(12,277)	0	(12,277)
32. Total (Lines 1 to 31)	95,332,234	34,343,089	0	129,675,322

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	276,032,673	21,233,966	297,266,639	45,357,204	161,521,751	206,878,955	504,145,594
2. Realized capital gains/(losses) net of taxes - General Account	(11,749,979)	0	(11,749,979)	(11,116,457)	(730,591)	(11,847,048)	(23,597,027)
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	(42,989,414)	0	(42,989,414)	117,388,901	20,828,311	138,217,212	95,227,798
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	95,474,910	7,692,268	103,167,178	0	923,804	923,804	104,090,982
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	316,768,190	28,926,235	345,694,424	151,629,648	182,543,275	334,172,922	679,867,347
9. Maximum reserve	425,686,570	28,387,375	454,073,945	50,552,651	193,446,284	243,998,936	698,072,881
10. Reserve objective	260,854,006	21,691,841	282,545,848	50,378,907	192,360,166	242,739,074	525,284,921
11. 20% of (Line 10 - Line 8)	(11,182,837)	(1,446,879)	(12,629,715)	(20,250,148)	1,963,378	(18,286,770)	(30,916,485)
12. Balance before transfers (Lines 8 + 11)	305,585,353	27,479,356	333,064,709	131,379,500	184,506,653	315,886,152	648,950,862
13. Transfers				0	(8,939,630)	8,939,630	0
14. Voluntary contribution				0	0	0	0
15. Adjustment down to maximum/up to zero			0	(71,887,219)	0	(71,887,219)	(71,887,219)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	305,585,353	27,479,356	333,064,709	50,552,651	193,446,283	243,998,933	577,063,643

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	105,172,240	XXX	XXX	105,172,240	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	5,597,820,295	XXX	XXX	5,597,820,295	0.0002	1,119,564	0.0007	3,918,474	0.0013	7,277,166
2.2	1	NAIC Designation Category 1.B	1,225,947,662	XXX	XXX	1,225,947,662	0.0004	490,379	0.0011	1,348,542	0.0023	2,819,680
2.3	1	NAIC Designation Category 1.C	2,403,461,042	XXX	XXX	2,403,461,042	0.0006	1,442,077	0.0018	4,326,230	0.0035	8,412,114
2.4	1	NAIC Designation Category 1.D	1,428,314,633	XXX	XXX	1,428,314,633	0.0007	999,820	0.0022	3,142,292	0.0044	6,284,584
2.5	1	NAIC Designation Category 1.E	1,002,013,065	XXX	XXX	1,002,013,065	0.0009	901,812	0.0027	2,705,435	0.0055	5,511,072
2.6	1	NAIC Designation Category 1.F	3,704,239,272	XXX	XXX	3,704,239,272	0.0011	4,074,663	0.0034	12,594,414	0.0068	25,188,827
2.7	1	NAIC Designation Category 1.G	2,262,125,537	XXX	XXX	2,262,125,537	0.0014	3,166,976	0.0042	9,500,927	0.0085	19,228,067
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	17,623,921,506	XXX	XXX	17,623,921,506	XXX	12,195,291	XXX	37,536,315	XXX	74,721,510
3.1	2	NAIC Designation Category 2.A	3,329,472,116	XXX	XXX	3,329,472,116	0.0021	6,991,891	0.0063	20,975,674	0.0105	34,959,457
3.2	2	NAIC Designation Category 2.B	5,799,365,352	XXX	XXX	5,799,365,352	0.0025	14,498,413	0.0076	44,075,177	0.0127	73,651,940
3.3	2	NAIC Designation Category 2.C	4,306,142,583	XXX	XXX	4,306,142,583	0.0036	15,502,113	0.0108	46,506,340	0.0180	77,510,566
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	13,434,980,051	XXX	XXX	13,434,980,051	XXX	36,992,418	XXX	111,557,191	XXX	186,121,964
4.1	3	NAIC Designation Category 3.A	314,823,051	XXX	XXX	314,823,051	0.0069	2,172,279	0.0183	5,761,262	0.0262	8,248,364
4.2	3	NAIC Designation Category 3.B	314,908,344	XXX	XXX	314,908,344	0.0099	3,117,593	0.0264	8,313,580	0.0377	11,872,045
4.3	3	NAIC Designation Category 3.C	844,235,352	XXX	XXX	844,235,352	0.0131	11,059,483	0.0350	29,548,237	0.0500	42,211,768
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	1,473,966,747	XXX	XXX	1,473,966,747	XXX	16,349,355	XXX	43,623,079	XXX	62,332,176
5.1	4	NAIC Designation Category 4.A	116,731,161	XXX	XXX	116,731,161	0.0184	2,147,853	0.0430	5,019,440	0.0615	7,178,966
5.2	4	NAIC Designation Category 4.B	132,217,174	XXX	XXX	132,217,174	0.0238	3,146,769	0.0555	7,338,053	0.0793	10,484,822
5.3	4	NAIC Designation Category 4.C	205,664,278	XXX	XXX	205,664,278	0.0310	6,375,593	0.0724	14,890,094	0.1034	21,265,686
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	454,612,613	XXX	XXX	454,612,613	XXX	11,670,215	XXX	27,247,587	XXX	38,929,475
6.1	5	NAIC Designation Category 5.A	73,389,326	XXX	XXX	73,389,326	0.0472	3,463,976	0.0846	6,208,737	0.1410	10,347,895
6.2	5	NAIC Designation Category 5.B	134,927,273	XXX	XXX	134,927,273	0.0663	8,945,678	0.1188	16,029,360	0.1980	26,715,600
6.3	5	NAIC Designation Category 5.C	1,046,841	XXX	XXX	1,046,841	0.0836	87,516	0.1498	156,817	0.2496	261,292
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	209,363,440	XXX	XXX	209,363,440	XXX	12,497,170	XXX	22,394,914	XXX	37,324,787
7.	6	NAIC 6	29,887,688	XXX	XXX	29,887,688	0.0000	0	0.2370	7,083,382	0.2370	7,083,382
8.		Total Unrated Multi-class Securities Acquired by Conversion				0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	33,331,904,285	XXX	XXX	33,331,904,285	XXX	89,704,449	XXX	249,442,468	XXX	406,513,293
PREFERRED STOCKS												
10.	1	Highest Quality	4,037,177	XXX	XXX	4,037,177	0.0005	2,019	0.0016	6,459	0.0033	13,323
11.	2	High Quality	92,640,241	XXX	XXX	92,640,241	0.0021	194,545	0.0064	592,898	0.0106	981,987
12.	3	Medium Quality	6,998,696	XXX	XXX	6,998,696	0.0099	69,287	0.0263	184,066	0.0376	263,151
13.	4	Low Quality	1,399,018	XXX	XXX	1,399,018	0.0245	34,276	0.0572	80,024	0.0817	114,300
14.	5	Lower Quality	79,292,676	XXX	XXX	79,292,676	0.0630	4,995,439	0.1128	8,944,214	0.1880	14,907,023
15.	6	In or Near Default	600,376	XXX	XXX	600,376	0.0000	0	0.2370	142,289	0.2370	142,289
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	184,968,184	XXX	XXX	184,968,184	XXX	5,295,565	XXX	9,949,950	XXX	16,422,072

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A	0	XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B	21,000,000	XXX	XXX	21,000,000	0.0004	8,400	0.0011	23,100	0.0023	48,300
19.3	1	NAIC Designation Category 1.C	0	XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D	211,422,664	XXX	XXX	211,422,664	0.0007	147,996	0.0022	465,130	0.0044	930,260
19.5	1	NAIC Designation Category 1.E	6,000,501	XXX	XXX	6,000,501	0.0009	5,400	0.0027	16,201	0.0055	33,003
19.6	1	NAIC Designation Category 1.F	62,558,527	XXX	XXX	62,558,527	0.0011	68,814	0.0034	212,699	0.0068	425,398
19.7	1	NAIC Designation Category 1.G	0	XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	300,981,692	XXX	XXX	300,981,692	XXX	230,611	XXX	717,130	XXX	1,436,960
20.1	2	NAIC Designation Category 2.A	88,702,486	XXX	XXX	88,702,486	0.0021	186,275	0.0063	558,826	0.0105	931,376
20.2	2	NAIC Designation Category 2.B	0	XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C	0	XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	88,702,486	XXX	XXX	88,702,486	XXX	186,275	XXX	558,826	XXX	931,376
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	389,684,178	XXX	XXX	389,684,178	XXX	416,886	XXX	1,275,956	XXX	2,368,337
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality	80,433,593	XXX	XXX	80,433,593	0.0005	40,217	0.0016	128,694	0.0033	265,431
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	80,433,593	XXX	XXX	80,433,593	XXX	40,217	XXX	128,694	XXX	265,431
34.		Total (Lines 9 + 17 + 25 + 33)	33,986,990,240	XXX	XXX	33,986,990,240	XXX	95,457,116	XXX	260,797,067	XXX	425,569,133

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
32		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality	0	XXX		0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality	0	XXX		0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality	0	XXX		0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality	0	XXX		0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality	0	XXX		0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed	486,659,142	XXX	486,659,142	0.0003	145,998	0.0007	340,661	0.0011	535,325	
41.		Residential Mortgages - All Other	1,316,105,018	XXX	1,316,105,018	0.0015	1,974,158	0.0034	4,474,757	0.0046	6,054,083	
42.		Commercial Mortgages - Insured or Guaranteed	0	XXX		0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	336,721,913	XXX	336,721,913	0.0011	370,394	0.0057	1,919,315	0.0074	2,491,742	
44.		Commercial Mortgages - All Other - CM2 - High Quality	529,116,899	XXX	529,116,899	0.0040	2,116,468	0.0114	6,031,933	0.0149	7,883,842	
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	383,779,566	XXX	383,779,566	0.0069	2,648,079	0.0200	7,675,591	0.0257	9,863,135	
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality	36,431,022	XXX	36,431,022	0.0120	437,172	0.0343	1,249,584	0.0428	1,559,248	
47.		Commercial Mortgages - All Other - CM5 - Low Quality	0	XXX	0	0.0183	0	0.0486	0	0.0628	0	
Overdue, Not in Process:												
48.		Farm Mortgages	0	XXX		0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed	0	XXX		0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other	0	XXX		0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed	0	XXX		0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other	0	XXX		0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm Mortgages	0	XXX		0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed	0	XXX		0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other	0	XXX		0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed	0	XXX		0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other	0	XXX	0	0.0000	0	0.1942	0	0.1942	0	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	3,088,813,560	0	XXX	3,088,813,560	XXX	7,692,268	XXX	21,691,841	XXX	28,387,375
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	3,088,813,560	0	XXX	3,088,813,560	XXX	7,692,268	XXX	21,691,841	XXX	28,387,375

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
33		COMMON STOCK										
1.		Unaffiliated - Public	111,586,176	XXX	XXX	111,586,176	0.0000	0	0.2370 (a)	26,445,924	0.2370 (a)	26,445,924
2.		Unaffiliated - Private	121,535,133	XXX	XXX	121,535,133	0.0000	0	0.1945	23,638,583	0.1945	23,638,583
3.		Federal Home Loan Bank	48,262,300	XXX	XXX	48,262,300	0.0000	0	0.0061	294,400	0.0097	468,144
4.		Affiliated - Life with AVR	401,901,977	XXX	XXX	401,901,977	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations	0			0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality	0			0	XXX		XXX		XXX	
7.		Fixed Income - High Quality	0			0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality	0			0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality	0			0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality	0			0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default	0			0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public	0			0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private	0			0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate	0			0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	683,285,586	0	0	683,285,586	XXX	0	XXX	50,378,907	XXX	50,552,651
		REAL ESTATE										
18.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
22.	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.		Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.		High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.		Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.		Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.		Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.		In or Near Default	222,395	XXX	XXX	222,395	0.0000	0	0.2370	52,708	0.2370	52,708
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	222,395	XXX	XXX	222,395	XXX	0	XXX	52,708	XXX	52,708

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality	148,208,320	XXX	XXX	148,208,320	0.0005	74,104	0.0016	237,133	0.0033	489,087
31.	2	High Quality	51,528,193	XXX	XXX	51,528,193	0.0021	108,209	0.0064	329,780	0.0106	546,199
32.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality	16,590	XXX	XXX	16,590	0.0630	1,045	0.1128	1,871	0.1880	3,119
35.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	199,753,103	XXX	XXX	199,753,103	XXX	183,359	XXX	568,785	XXX	1,038,405
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality		XXX		0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality	24,664,903	XXX		24,664,903	0.0040	98,660	0.0114	281,180	0.0149	367,507
40.		Mortgages - CM3 - Medium Quality	88,001,946	XXX		88,001,946	0.0069	607,213	0.0200	1,760,039	0.0257	2,261,650
41.		Mortgages - CM4 - Low Medium Quality		XXX		0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality		XXX		0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other		XXX		0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages		XXX		0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other		XXX		0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other		XXX		0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages		XXX		0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other		XXX		0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other		XXX		0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	112,666,849	0	XXX	112,666,849	XXX	705,873	XXX	2,041,219	XXX	2,629,157
57.		Unaffiliated - In Good Standing With Covenants		XXX		0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities		XXX		0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior		XXX		0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other	5,010,445	XXX		5,010,445	0.0069	34,572	0.0200	100,209	0.0257	128,768
61.		Unaffiliated - Overdue, Not in Process		XXX		0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure		XXX		0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	5,010,445	0	XXX	5,010,445	XXX	34,572	XXX	100,209	XXX	128,768
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	117,677,294	0	XXX	117,677,294	XXX	740,445	XXX	2,141,428	XXX	2,757,926

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	
		Unaffiliated Private	774,249,650	XXX	XXX	774,249,650	0.0000	0	0.1945	150,591,557	0.1945	
		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
		Affiliated Certain Other (See SVO Purposes & Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
		Affiliated Other - All Other	9,354,140	XXX	XXX	9,354,140	0.0000	0	0.1945	1,819,380	0.1945	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	783,603,790	XXX	XXX	783,603,790	XXX	0	XXX	152,410,937	XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
		Home Office Property (General Account only)										
71.		Investment Properties	84,369,232		15,328,326	99,697,558	0.0000	0	0.0912	0	0.0912	
72.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.0912	9,092,417	0.0912	
73.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	84,369,232	0	15,328,326	99,697,558	XXX	0	0.1337	0	0.1337	
74.												
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	
		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	
		RESIDUAL TRANCES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated	73,577,244	XXX	XXX	73,577,244	0.0000	0	0.1580	11,625,205	0.1580	
82.		Fixed Income Instruments - Affiliated	11,783,839	XXX	XXX	11,783,839	0.0000	0	0.1580	1,861,847	0.1580	
83.		Common Stock - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
84.		Common Stock - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
85.		Preferred Stock - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
86.		Preferred Stock - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
87.		Real Estate - Unaffiliated	0			0	0.0000	0	0.1580	0	0.1580	
88.		Real Estate - Affiliated	0			0	0.0000	0	0.1580	0	0.1580	
89.		Mortgage Loans - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
90.		Mortgage Loans - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
91.		Other - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
92.		Other - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	85,361,083	0	0	85,361,083	XXX	0	XXX	13,487,051	XXX	
94.		ALL OTHER INVESTMENTS										
		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	
		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	
		Other Invested Assets - Schedule BA	92,448,357	XXX		92,448,357	0.0000	0	0.1580	14,606,840	0.1580	
		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	
		Total All Other (Sum of Lines 94, 95, 96 and 97)	92,448,357	XXX	0	92,448,357	XXX	0	XXX	14,606,840	XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	1,363,435,254	0	15,328,326	1,378,763,580	XXX	923,804	XXX	192,360,166	XXX	

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	3,191,778	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Premiums earned	3,240,047	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Incurred claims	4,645,113	143.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	4,645,113	143.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	967,733	29.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	569,762	17.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
8. Other general insurance expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9. Taxes, licenses and fees	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10. Total other expenses incurred	569,762	17.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(2,942,561)	(90.8)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	(2,942,561)	(90.8)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1102.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1103.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written	XXX		XXX		XXX		XXX		3,191,778	XXX	XXX	XXX
2. Premiums earned	XXX		XXX		XXX		XXX		3,240,047	XXX	XXX	XXX
3. Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	4,645,113	143.4	0	0.0
4. Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	0	0.0	4,645,113	143.4	0	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	967,733	29.9	0	0.0
7. Commissions (a)	0	0.0	0	0.0	0	0.0	0	0.0	569,762	17.6	0	0.0
8. Other general insurance expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9. Taxes, licenses and fees	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	569,762	17.6	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	(2,942,561)	(90.8)	0	0.0
13. Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	(2,942,561)	(90.8)	0	0.0
DETAILS OF WRITE-INS												
1101.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1102.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1103.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**PART 2. - RESERVES AND LIABILITIES**

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	794,792											794,792	
2. Advance premiums	14,599											14,599	
3. Reserve for rate credits	0												
4. Total premium reserves, current year	809,391	0	0	0	0	0	0	0	0	0	0	809,391	0
5. Total premium reserves, prior year	865,542											865,542	
6. Increase in total premium reserves	(56,151)	0	0	0	0	0	0	0	0	0	0	(56,151)	0
B. Contract Reserves:													
1. Additional reserves (a)	37,409,913											37,409,913	
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	37,409,913	0	0	0	0	0	0	0	0	0	0	37,409,913	0
4. Total contract reserves, prior year	36,442,180											36,442,180	
5. Increase in contract reserves	967,733	0	0	0	0	0	0	0	0	0	0	967,733	0
C. Claim Reserves and Liabilities:													
1. Total current year	12,696,171	0	0	0	0	0	0	0	0	0	0	12,696,171	0
2. Total prior year	11,888,136											11,888,136	
3. Increase	808,035	0	0	0	0	0	0	0	0	0	0	808,035	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	3,663,617											3,663,617	
1.2 On claims incurred during current year	173,461											173,461	
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	8,717,518											8,717,518	
2.2 On claims incurred during current year	3,978,653											3,978,653	
3. Test:													
3.1 Lines 1.1 and 2.1	12,381,135	0	0	0	0	0	0	0	0	0	0	12,381,135	0
3.2 Claim reserves and liabilities, December 31, prior year	11,888,136											11,888,136	
3.3 Line 3.1 minus Line 3.2	492,999	0	0	0	0	0	0	0	0	0	0	492,999	0

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	3,191,778											3,191,778	
2. Premiums earned	3,240,047											3,240,047	
3. Incurred claims	4,645,110											4,645,110	
4. Commissions	569,762											569,762	
B. Reinsurance Ceded:													
1. Premiums written	5,004,506			2,100,937							2,810	2,898,513	2,246
2. Premiums earned	4,968,361			2,110,060							3,089	2,852,919	2,293
3. Incurred claims	4,712,627			1,582,679							7,602	3,121,230	1,116
4. Commissions	163,476			11,896								151,540	40

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Assumed Reinsurance:													
1. Incurred claims											4,645,110		4,645,110
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	4,645,110	0		4,645,110
C. Ceded Reinsurance:													
1. Incurred claims			1,582,679							7,602	3,121,230	1,116	4,712,627
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	1,582,679	0	0	0	0	0	0	7,602	3,121,230	1,116	4,712,627
D. Net:													
1. Incurred claims	0	0	(1,582,679)	0	0	0	0	0	0	(7,602)	1,523,880	(1,116)	(67,517)
2. Beginning claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Ending claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Claims paid	0	0	(1,582,679)	0	0	0	0	0	0	(7,602)	1,523,880	(1,116)	(67,517)
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	4,645,113	0	4,645,113
2. Beginning reserves and liabilities													0
3. Ending reserves and liabilities													0
4. Paid claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	4,645,113	0	4,645,113

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates							0	0	0	0	0	0
0699999. Total General Account - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total General Account - Affiliates							0	0	0	0	0	0
71404 ..47-0463747 ..10/31/2015 ..Continental General Insurance Company	TX.	CO/I	FA				493,567					
71404 ..47-0463747 ..10/31/2015 ..Continental General Insurance Company	TX.	CO/I	OL				1,113,047	149,010	87,870			
71404 ..47-0463747 ..10/31/2015 ..Continental General Insurance Company	TX.	CO/G	FA				1,200,158	13,270				
65722 ..63-0343428 ..08/31/2012 ..Loyal American Life Insurance Company	OH.	CO/I	FA				79,738,800	259,694	895,738			
65722 ..63-0343428 ..08/31/2012 ..Loyal American Life Insurance Company	OH.	CO/I	OL				236,017,838	96,094,149	2,509,752	2,977,292		
61727 ..34-0970995 ..08/31/2012 ..Cigna National Health Insurance Company	OH.	CO/I	FA				3,639,035	37,740	0			
61727 ..34-0970995 ..08/31/2012 ..Cigna National Health Insurance Company	OH.	CO/I	OL				7,538,652	1,187,015	193,088	28,816		
67903 ..23-1335885 ..08/31/2012 ..Provident American Life & Health Insurance Company	OH.	CO/I	OL				4,572,355	2,093,069	345,211	83,568		
88366 ..59-2760189 ..08/31/2012 ..American Retirement Life Insurance Company	OH.	CO/I	OL				944,375	670,315		3,000		
65722 ..63-0343428 ..01/01/2007 ..Loyal American Life Insurance Company	OH.	CO/I	IA				14,508,188			164,594		
62200 ..95-2496321 ..06/30/2011 ..Accordia Life and Annuity Company	IA.	CO/I	FA				2,700,982	2,200		11,132		
62200 ..95-2496321 ..06/30/2011 ..Accordia Life and Annuity Company	IA.	CO/I	OL				2,159,899	1,697,348		21,577		
0899999. General Account - U.S. Non-Affiliates							253,678,649	205,135,673	3,509,965	4,273,587	0	0
1099999. Total General Account - Non-Affiliates							253,678,649	205,135,673	3,509,965	4,273,587	0	0
1199999. Total General Account							253,678,649	205,135,673	3,509,965	4,273,587	0	0
1499999. Total Separate Accounts - U.S. Affiliates							0	0	0	0	0	0
1799999. Total Separate Accounts - Non-U.S. Affiliates							0	0	0	0	0	0
1899999. Total Separate Accounts - Affiliates							0	0	0	0	0	0
2199999. Total Separate Accounts - Non-Affiliates							0	0	0	0	0	0
2299999. Total Separate Accounts							0	0	0	0	0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							253,678,649	205,135,673	3,509,965	4,273,587	0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)							0	0	0	0	0	0
9999999 - Totals							253,678,649	205,135,673	3,509,965	4,273,587	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates							0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							0	0	0	0	0	0
....71404 ..47-0463747 ..10/31/2015 ..Continental General Insurance Company				TX	..0A/I	....LTC	3,180,373	793,625	49,512,303	390,521		
....71404 ..47-0463747 ..10/31/2015 ..Continental General Insurance Company				TX	..0A/G	....LTC	11,405	1,167	203,138	121		
0899999. U.S. Non-Affiliates							3,191,778	794,792	49,715,441	390,642	0	0
1099999. Total - Non-Affiliates							3,191,778	794,792	49,715,441	390,642	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							3,191,778	794,792	49,715,441	390,642	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
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9999999 - Totals							3,191,778	794,792	49,715,441	390,642	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year			
0399999.			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0	0	
0699999.			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0	
0799999.			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0	0	
68276	..48-1024691	01/01/1998	Employers Reassurance Corporation	KS.	CO/I..	OL	32,216,305	81,569	77,917	180,523					
86258	..13-2572994	07/01/1999	General Re Life Corporation	CT.	CO/I..	OL	0	26,862	37,615	7,845					
86258	..13-2572994	10/01/2003	General Re Life Corporation	CT.	YRT/I..	OL	148,719	321	285	5,851					
97071	..13-3126819	01/01/2000	SCOR Global Life USA Reinsurance Company	DE.	CO/I..	XXXL			29,382	9,551					
88340	..59-2859797	01/01/1998	Hanover Life Reassurance Company of America	FL.	CO/I..	OL	49,432,191	595,368	749,463	192,597	0				
88340	..59-2859797	01/01/2000	Hanover Life Reassurance Company of America	FL.	CO/I..	XXXL	837,500	15,319	14,394						
88340	..59-2859797	12/31/2002	Hanover Life Reassurance Company of America	FL.	CO/I..	OL	544,965,427	56,531,336	58,020,895	3,639,373					
88340	..59-2859797	10/01/2003	Hanover Life Reassurance Company of America	FL.	YRT/I..	OL	25,126,171	19,613	20,193	179,534	0				
88099	..75-1608507	11/09/2004	Optimum Re Insurance Company	TX.	YRT/I..	OL	881,031	931	842						
93572	..43-1235868	01/01/1998	RGA Reinsurance Company	MO.	CO/I..	OL			685,102	157,661	0				
93572	..43-1235868	01/01/2003	RGA Reinsurance Company	MO.	CO/I..	XXXL	116,344,992	2,479,348	3,196,527	153,115					
93572	..43-1235868	10/01/2003	RGA Reinsurance Company	MO.	YRT/I..	OL	1,397,286	2,119	2,116	33,866	0				
87572	..23-2038295	01/01/2003	Scottish Re US Inc.	DE.	CO/I..	XXXL	232,849,287			306,271					
68713	..84-0499703	01/01/1998	Security Life of Denver Insurance Company	CO.	YRT/I..	OL	40,427,788	47,309	46,146	559,801					
68713	..84-0499703	01/01/1999	Security Life of Denver Insurance Company	CO.	CO/I..	OL	59,749,891	1,297,924	1,432,376	346,174	0				
68713	..84-0499703	04/01/1999	Security Life of Denver Insurance Company	CO.	CO/I..	OL	490,000	6,040	7,347	12,148					
68713	..84-0499703	01/01/2000	Security Life of Denver Insurance Company	CO.	CO/I..	XXXL	1,221,059,110	61,244,062	73,426,967	6,195,517	0				
68713	..84-0499703	01/01/2003	Security Life of Denver Insurance Company	CO.	CO/I..	XXXL	120,844,754	2,520,733	3,234,100	222,894					
82627	..06-0839705	01/01/1998	Swiss Re Life & Health America Inc	MO.	CO/I..	OL	34,809,707	498,133	652,172	149,150					
82627	..06-0839705	01/01/1998	Swiss Re Life & Health America Inc	MO.	YRT/I..	OL	16,182,844	14,869	15,744	115,070					
86231	..39-0989781	01/01/2003	Transamerica Life Insurance Company	IA.	CO/I..	XXXL	465,594,535	9,918,414	12,786,121	626,361					
64688	..75-6020048	10/01/2003	SCOR Global Life Americas Reinsurance Company	DE.	YRT/I..	OL	677,894	1,269	1,129	22,695					
84824	..04-6145677	05/07/2020	Commonwealth Annuity and Life Insurance Company	MA.	CO/I..	IA		1,410,768,500	1,033,180,498	426,081,845					
84824	..04-6145677	10/01/2020	Commonwealth Annuity and Life Insurance Company	MA.	CO/I..	IA		4,483,740,662	5,166,921,552	25,216,167					
88340	..59-2859797	12/31/2018	Hanover Life Reassurance Company of America	FL.	OTH/I..	IA			175,934,682						
66346	..58-0828824	01/01/2006	Munich American Reassurance Company	GA.	CO/I..	OL				22,945					
88340	..59-2859797	08/31/2012	Hanover Life Reassurance Company of America	FL.	CO/I..	OL	164,194,075	79,753,408	83,011,777	1,882,081					
88099	..75-1608507	01/01/1982	Optimum Re Insurance Company	TX.	YRT/I..	OL	50,000	1,296	1,192	1,322					
87572	..23-2038295	01/01/1983	Scottish Re (US) Inc.	DE.	CO/I..	OL	1,622,000	0	0	0					
82627	..06-0839705	01/01/1961	Swiss Re Life & Health America Inc.	MO.	OTH/I..	OL	0	0	0	16					
82627	..06-0839705	01/01/1961	Swiss Re Life & Health America Inc.	MO.	YRT/I..	OL	75,000	1,448	1,335	883					
82627	..06-0839705	01/01/1979	Swiss Re Life & Health America Inc.	MO.	CO/I..	OL	7,702,000	268,631	302,240	34,396					
82627	..06-0839705	01/01/1979	Swiss Re Life & Health America Inc.	MO.	OTH/I..	OL	0	65,659	69,157	0					
64688	..75-6020048	01/01/1982	SCOR Global Life Americas Reinsurance Company	DE.	MCO/I..	OL	1,188,000	33	85	7,259		568,891			
67989	..46-0260270	09/01/1998	American Memorial Life Insurance Company	SD.	CO/I..	FA		2,239,198	2,385,979						
67989	..46-0260270	09/01/1996	American Memorial Life Insurance Company	SD.	CO/G..	FA		1,544,466	1,693,073						
67989	..46-0260270	09/01/1998	American Memorial Life Insurance Company	SD.	CO/I..	OL	10,612,614	8,011,137	8,734,542						
67989	..46-0260270	09/01/1996	American Memorial Life Insurance Company	SD.	CO/G..	OL	10,637,020	8,084,311	8,744,679						
0899999.			General Account - Authorized U.S. Non-Affiliates				3,200,825,848	6,130,314,688	6,635,417,624	466,362,911	0	0	568,891	0	
1099999.			Total General Account - Authorized Non-Affiliates				3,200,825,848	6,130,314,688	6,635,417,624	466,362,911	0	0	568,891	0	
1199999.			Total General Account Authorized				3,200,825,848	6,130,314,688	6,635,417,624	466,362,911	0	0	568,891	0	
1499999.			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0	0	
.....0000	..AA-3191494	02/01/2022	Martello Re Limited	BMU.	COFW/I..	FA		3,178,492,609		3,740,232,867	82,675,506				
.....0000	..AA-3191494	02/01/2022	Martello Re Limited	BMU.	COFW/I..	IA		9,238,099,413		10,491,687,584	234,485,734				
.....0000	..AA-3191494	02/01/2022	Martello Re Limited	BMU.	COFW/I..	OA		118,484,098							
1699999.			General Account - Unauthorized Non-U.S. Affiliates - Other				0	12,535,076,120	0	14,231,920,451	317,161,240	0	0	0	0
1799999.			Total General Account - Unauthorized Non-U.S. Affiliates				0	12,535,076,120	0	14,231,920,451	317,161,240	0	0	0	0
1899999.			Total General Account - Unauthorized Affiliates				0	12,535,076,120	0	14,231,920,451	317,161,240	0	0	0	0
2199999.			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0	0	
2299999.			Total General Account Unauthorized				0	12,535,076,120	0	14,231,920,451	317,161,240	0	0	0	0
2599999.			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0	0	
2899999.			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							3,200,825,848	18,665,390,808	6,635,417,624	14,698,283,362	317,161,240	0	568,891	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							3,200,825,848	6,130,314,688	6,635,417,624	466,362,911	0	0	568,891	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	12,535,076,120	0	14,231,920,451	317,161,240	0	0	0
9999999 - Totals							3,200,825,848	18,665,390,808	6,635,417,624	14,698,283,362	317,161,240	0	568,891	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Ccoinsurance Reserve	14 Funds Withheld Under Ccoinsurance
										11 Current Year	12 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0
0699999.			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999.			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0
71404 ..	..47-0463747 ..	01/01/2009	Continental General Insurance Company	TX	QA/I ..	LTC ..	2,822,277	783,406	47,655,228				
71404 ..	..47-0463747 ..	01/01/2009	Continental General Insurance Company	TX	QA/G ..	LTC ..	76,237	7,735	4,586,470				
65722 ..	..63-0343428 ..	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I ..	A ..	889	249	2,994				
65722 ..	..63-0343428 ..	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I ..	LTDI ..	2,810	1,589	43,659				
65722 ..	..63-0343428 ..	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I ..	MS ..	2,100,937	95,029	1,030,404				
65722 ..	..63-0343428 ..	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I ..	OM ..	1,357	444	15,253				
0899999.			General Account - Authorized U.S. Non-Affiliates				5,004,507	888,452	53,334,008	0	0	0	0
1099999.			Total General Account - Authorized Non-Affiliates				5,004,507	888,452	53,334,008	0	0	0	0
1199999.			Total General Account Authorized				5,004,507	888,452	53,334,008	0	0	0	0
1499999.			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999.			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999.			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999.			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999.			Total General Account Unauthorized				0	0	0	0	0	0	0
2599999.			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999.			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999.			Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999.			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999.			Total General Account Certified				0	0	0	0	0	0	0
3699999.			Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
3999999.			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
4099999.			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
4399999.			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
4499999.			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0
4599999.			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				5,004,507	888,452	53,334,008	0	0	0	0
4899999.			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
5199999.			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999.			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
5599999.			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
5699999.			Total Separate Accounts Authorized				0	0	0	0	0	0	0
5999999.			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
6299999.			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999.			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
6699999.			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
6799999.			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
7099999.			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
7399999.			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
7499999.			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
7799999.			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
7899999.			Total Separate Accounts Certified				0	0	0	0	0	0	0
8199999.			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
8499999.			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
8599999.			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
8899999.			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
8999999.			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0
9099999.			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0
9199999.			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				5,004,507	888,452	53,334,008	0	0	0	0
9299999.			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999.			Totals				5,004,507	888,452	53,334,008	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
...00000 .....AA-3191494 .. 02/01/2022 Martello Re Limited	12,535,076,119		113,613,906	28,607,478	12,677,297,503						11,246,343,359	1,430,954,144		12,677,297,503
1699999. General Account - Accident and Health Non-U.S. Affiliates - Other	12,535,076,119		113,613,906	28,607,478	12,677,297,503		0	XXX		0	11,246,343,359	1,430,954,144	0	12,677,297,503
1799999. Total General Account - Accident and Health Non-U.S. Affiliates	12,535,076,119		113,613,906	28,607,478	12,677,297,503		0	XXX		0	11,246,343,359	1,430,954,144	0	12,677,297,503
1899999. Total General Account - Accident and Health Affiliates	12,535,076,119		113,613,906	28,607,478	12,677,297,503		0	XXX		0	11,246,343,359	1,430,954,144	0	12,677,297,503
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health	12,535,076,119		113,613,906	28,607,478	12,677,297,503		0	XXX		0	11,246,343,359	1,430,954,144	0	12,677,297,503
2399999. Total General Account	12,535,076,119		113,613,906	28,607,478	12,677,297,503		0	XXX		0	11,246,343,359	1,430,954,144	0	12,677,297,503
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	12,535,076,119		113,613,906	28,607,478	12,677,297,503		0	XXX		0	11,246,343,359	1,430,954,144	0	12,677,297,503
9999999 - Totals				12,535,076,119	113,613,906	28,607,478	12,677,297,503	0	XXX	0	11,246,343,359	1,430,954,144	0	12,677,297,503

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
				NONE	

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	14,584,804	774,396	6,717,488	126,925	30,721
2. Commissions and reinsurance expense allowances	496,787	(50,838)	(26,623)	514,414	(504,084)
3. Contract claims	645,173	165,253	96,053	43,248	46,219
4. Surrender benefits and withdrawals for life contracts	2,268,715	648,827	219,717	36,540	5,242
5. Dividends to policyholders and refunds to members	176	183	190	195	205
6. Reserve adjustments on reinsurance ceded	0	0	0	(1,080)	(2,815)
7. Increase in aggregate reserve for life and accident and health contracts	11,926,055	186,928	5,973,186	(533,772)	625,707
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	25	16	32	21	13
9. Aggregate reserves for life and accident and health contracts	18,719,613	6,687,740	6,500,988	527,778	1,061,574
10. Liability for deposit-type contracts	118,878	256	79	103	80
11. Contract claims unpaid	164,652	52,308	38,332	6,871	7,156
12. Amounts recoverable on reinsurance	1,961	2,745	4,067	1,618	1,848
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers			0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	11,246,343	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	1,430,954	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust			0	0	0
23. Funds deposited by and withheld from (F)			0	0	0
24. Letters of credit (L)			0	0	0
25. Trust agreements (T)			0	0	0
26. Other (O)			0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	41,690,381,157	47,986,206	41,738,367,363
2. Reinsurance (Line 16)	249,071,219	(249,071,219)	0
3. Premiums and considerations (Line 15)	7,742,452	25,419	7,767,871
4. Net credit for ceded reinsurance	XXX	19,070,243,728	19,070,243,728
5. All other admitted assets (balance)	832,147,837		832,147,837
6. Total assets excluding Separate Accounts (Line 26)	42,779,342,665	18,869,184,134	61,648,526,799
7. Separate Account assets (Line 27)	103,698,994		103,698,994
8. Total assets (Line 28)	42,883,041,659	18,869,184,134	61,752,225,793
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	24,310,383,982	18,600,735,267	42,911,119,249
10. Liability for deposit-type contracts (Line 3)	779,823,617	118,877,997	898,701,614
11. Claim reserves (Line 4)	140,558,821	164,652,378	305,211,199
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	165,594	47,989	213,583
14. Other contract liabilities (Line 9)	107,467,413	(13,885,362)	93,582,051
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	12,677,297,503		12,677,297,503
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	1,931,062,897	(1,244,135)	1,929,818,762
20. Total liabilities excluding Separate Accounts (Line 26)	39,946,759,827	18,869,184,134	58,815,943,961
21. Separate Account liabilities (Line 27)	103,698,994		103,698,994
22. Total liabilities (Line 28)	40,050,458,821	18,869,184,134	58,919,642,955
23. Capital & surplus (Line 38)	2,832,582,838	XXX	2,832,582,838
24. Total liabilities, capital & surplus (Line 39)	42,883,041,659	18,869,184,134	61,752,225,793
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	18,600,735,267		
26. Claim reserves	164,652,378		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	47,989		
29. Liability for deposit-type contracts	118,877,997		
30. Other contract liabilities	(13,885,362)		
31. Reinsurance ceded assets	249,071,219		
32. Other ceded reinsurance recoverables	(47,986,206)		
33. Total ceded reinsurance recoverables	19,071,513,282		
34. Premiums and considerations	25,419		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	1,244,135		
40. Total ceded reinsurance payable/offsets	1,269,554		
41. Total net credit for ceded reinsurance	19,070,243,728		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	183,975	199,989,263		12,086	0	200,185,324
2. Alaska	AK	8,983	1,520,599			0	1,529,582
3. Arizona	AZ	497,726	126,248,756		11,633	152,907	126,911,022
4. Arkansas	AR	140,009	68,665,035		5,065	0	68,810,109
5. California	CA	4,845,071	520,103,731	345	7,325	569,755	525,526,227
6. Colorado	CO	224,922	73,173,837		82,667	129,354	73,610,780
7. Connecticut	CT	376,092	137,774,752	82	1,285	348,939	138,501,150
8. Delaware	DE	70,403	35,706,028			0	35,776,431
9. District of Columbia	DC	28,843	4,792,569			0	4,821,412
10. Florida	FL	1,750,959	680,702,930	164	34,480	1,555,281	684,043,814
11. Georgia	GA	982,442	225,748,676		73,417	0	226,804,535
12. Hawaii	HI	278,142	69,534,688			59,466	69,872,296
13. Idaho	ID	84,011	36,658,503		8,483	0	36,750,997
14. Illinois	IL	762,736	223,479,657		93,302	17,472	224,353,167
15. Indiana	IN	174,068	175,969,724		1,693	1,243,542	177,389,027
16. Iowa	IA	171,489	67,039,155		3,753	90,198	67,304,595
17. Kansas	KS	133,051	21,800,362		69,167	0	22,002,580
18. Kentucky	KY	179,194	111,070,122		613	0	111,249,929
19. Louisiana	LA	235,003	184,096,228			0	184,331,231
20. Maine	ME	70,937	42,707,342		4,023	64,677	42,846,979
21. Maryland	MD	582,250	114,414,700		10,133	38,806	115,045,889
22. Massachusetts	MA	500,251	204,428,031		701	762,112	205,691,095
23. Michigan	MI	312,851	305,743,864			0	306,056,715
24. Minnesota	MN	365,041	100,745,067		5,068	0	101,115,176
25. Mississippi	MS	137,874	56,535,197		2,932	0	56,676,003
26. Missouri	MO	311,871	300,402,566		112,120	0	300,826,557
27. Montana	MT	9,561	3,076,385		6,987	0	3,092,933
28. Nebraska	NE	171,170	39,022,360		50,276	0	39,243,806
29. Nevada	NV	289,745	40,186,737	357		0	40,476,839
30. New Hampshire	NH	65,968	51,204,329		47,897	498,014	51,816,208
31. New Jersey	NJ	619,828	314,639,150	(46)	2,829	37,728	315,299,489
32. New Mexico	NM	208,289	16,718,910			16,169	16,943,368
33. New York	NY	153,466	32,888,873		4,052	0	33,046,391
34. North Carolina	NC	988,178	371,775,764		1,202,384	0	373,966,326
35. North Dakota	ND	49,288	18,595,250			0	18,644,538
36. Ohio	OH	529,288	339,256,618		3,374	665,737	340,455,017
37. Oklahoma	OK	503,401	34,737,876		3,054	362,382	35,606,713
38. Oregon	OR	105,547	38,615,408		62,232	19,215	38,802,402
39. Pennsylvania	PA	1,158,667	409,992,687		4,854	780,931	411,937,139
40. Rhode Island	RI	52,312	48,598,974		9,390	0	48,660,676
41. South Carolina	SC	402,286	223,645,126		15,971	419,261	224,482,644
42. South Dakota	SD	44,370	14,586,336			0	14,630,706
43. Tennessee	TN	393,404	316,586,182		108,487	163,870	317,251,943
44. Texas	TX	2,349,244	362,869,980		5,490	591,025	365,815,739
45. Utah	UT	114,605	64,594,894			0	64,709,499
46. Vermont	VT	29,590	21,592,332		18,900	0	21,640,822
47. Virginia	VA	858,245	158,396,129	23	190,849	0	159,445,246
48. Washington	WA	377,946	150,095,154	104	174,315	181,710	150,829,229
49. West Virginia	WV	119,675	54,419,250			0	54,538,925
50. Wisconsin	WI	211,883	130,542,796		189,435	395,819	131,339,933
51. Wyoming	WY	22,093	4,238,285			0	4,260,378
52. American Samoa	AS	0	0			0	0
53. Guam	GU	88,482	0			0	88,482
54. Puerto Rico	PR	654	0			0	654
55. U.S. Virgin Islands	VI	3,379	0			0	3,379
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	1,144	0			0	1,144
58. Aggregate Other Alien	OT	67,986	55,260			0	123,246
59. Total		23,397,888	7,349,982,427	1,029	2,640,722	9,164,370	7,385,186,436

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
0435	Massachusetts Mut Life Ins Co	65935	04-1590850	3848388			Massachusetts Mutual Life Insurance Company (MMLIC) .....	.. MA.....	UIP.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0435							MassMutual Ventures Europe/APAC I GP, LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0435							MassMutual Ventures Europe/APAC I GP, L.P. .....	.. CYM.....	NIA.....	MassMutual Ventures Europe/APAC I GP, LLC	Ownership.....	100.000	MMLIC		
0435							MassMutual Ventures Europe/APAC I L.P. .....	.. CYM.....	NIA.....	MassMutual Ventures Europe/APAC I GP, L.P.	Ownership.....	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	93432	06-1041383				C.M. Life Insurance Company .....	.. CT.....	IA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	70416	43-0581430				MML Bay State Life Insurance Company .....	.. CT.....	IA.....	C.M. Life Insurance Company	Ownership.....	100.000	MMLIC		
0000			06-1041383				CML Mezzanine Investor III, LLC .....	.. DE.....	NIA.....	C.M. Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							CML Special Situations Investor LLC .....	.. DE.....	NIA.....	C.M. Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							CML Global Capabilities LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MM Global Capabilities I LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MassMutual Global Business Services India LLP .....	.. IND.....	NIA.....	MM Global Capabilities I LLC	Ownership.....	100.000	MMLIC		
0000							MM Global Capabilities (Netherlands) B.V. .....	.. NLD.....	NIA.....	MM Global Capabilities I LLC	Ownership.....	100.000	MMLIC		
0000							MassMutual Global Business Services Romania S.R.L. .....	.. ROU.....	NIA.....	MM Global Capabilities (Netherlands) B.V.	Ownership.....	100.000	MMLIC		
0000							MM Global Capabilities II LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MM Global Capabilities III LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MM/Barings Multifamily TEBS 2020 LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MML Special Situations Investor LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000		47-5322979					Timberland Forest Holding LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000		47-5322979					Timberland Forest Holding LLC .....	.. DE.....	NIA.....	C.M. Life Insurance Company	Influence.....	0.000	MMLIC		
0000		47-5322979					Timberland Forest Holding LLC .....	.. DE.....	NIA.....	Wood Creek Capital Management LLC	Management.....		MMLIC		
0000							Lyme Adirondack Forest Company, LLC .....	.. DE.....	NIA.....	Timberland Forest Holding LLC	Ownership.....	100.000	MMLIC		
0000							Lyme Adirondack Timberlands I, LLC .....	.. DE.....	NIA.....	Lyme Adirondack Forest Company, LLC	Ownership.....	100.000	MMLIC		
0000							Lyme Adirondack Timberlands II, LLC .....	.. DE.....	NIA.....	Lyme Adirondack Forest Company, LLC	Ownership.....	100.000	MMLIC		
0000							Lyme Adirondack Timber Sales, LLC .....	.. DE.....	NIA.....	Lyme Adirondack Forest Company, LLC	Ownership.....	100.000	MMLIC		
0000		04-1590850					Berkshire Way LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000		04-1590850					MSP-SC, LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							EM Opportunities LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MassMutual MCAM Insurance Company, Inc. .....	.. VT.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MassMutual Ventures US IV, GP, LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000							MassMutual Ventures US IV, LP .....	.. DE.....	NIA.....	MassMutual Ventures US IV, GP, LLC	Ownership.....	100.000	MMLIC		
0000		04-1590850					Insurance Road LLC .....	.. DE.....	NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000	MMLIC		
0000		04-1590850					MassMutual Trad Private Equity LLC .....	.. DE.....	NIA.....	Insurance Road LLC	Ownership.....	100.000	MMLIC		
0000		04-1590850					MassMutual Intellectual Property LLC .....	.. DE.....	NIA.....	Insurance Road LLC	Ownership.....	100.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000						Trad Investments I LLC		.DE.	.NIA.	Insurance Road LLC	Ownership.....	100.000 ...	MMLIC		
.0000						ITPSHolding LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0000						HITPS LLC		.DE.	.NIA.	ITPS Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Parent LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0000			27-0105644			Jefferies Finance LLC		.DE.	.NIA.	JFIN Parent LLC	Ownership.....	.50.000 ...	MMLIC		1
.0000						Glidepath Holdings Inc.		.DE.	.UDP.	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0435	Massachusetts Mut Life Ins Co	63312	86-2294635			MassMutual Ascend Life Insurance Company		.OH.	.RE.	Glidepath Holdings Inc.	Ownership.....	100.000 ...	MMLIC		
.0000						AAG Insurance Agency, LLC		.KY.	.NIA.	MassMutual Ascend Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0435	Massachusetts Mut Life Ins Co	93661	31-1021738			Annuity Investors Life Insurance Company		.OH.	.DS.	MassMutual Ascend Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0000						MM ASCEND LIFE INVESTOR SERVICES, LLC		.OH.	.NIA.	MassMutual Ascend Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0000						Manhattan National Holding, LLC		.OH.	.DS.	MassMutual Ascend Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0435	Massachusetts Mut Life Ins Co	67083	45-0252531			Manhattan National Life Insurance Company		.OH.	.DS.	Manhattan National Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000						MassMutual Mortgage Lending LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Private Credit BDC Inc.		.MD.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN GP Adviser LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Fund III LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Credit Partners LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Apex Credit Partners LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Credit Management LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JCP Direct Lending CLO 2022 LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	.9.900 ...	MMLIC		
.0000						Jefferies Direct Lending Europe SCSP SICAV-RAIF		.LUX.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	9.900 ...	MMLIC		
.0000						Jefferies Credit Management Holdings LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	9.900 ...	MMLIC		
.0000						Senior Credit Investments, LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	9.900 ...	MMLIC		
.0000						JDLF GP (Europe) S.a.r.l		.LUX.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFAM GP LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFAM GP LP		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Direct Lending Fund C LP		.DE.	.NIA.	JFAM GP LP	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies DLF C Holdings LLC		.DE.	.NIA.	Jefferies Direct Lending Fund C LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Direct Lending Fund C SPE LLC		.DE.	.NIA.	Jefferies DLF C Holdings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JDLF II GP LLC		.DE.	.NIA.	Jefferies Credit Partners LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JDLF II GP LP		.DE.	.NIA.	JDLF II GP LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Direct Lending Fund II C LP		.DE.	.NIA.	JDLF II GP LP	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies DLF II C Holdings LLC		.DE.	.NIA.	Jefferies Direct Lending Fund II C LP	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Direct Lending Fund II C SPE LLC		.DE.	.NIA.	Jefferies DLF II C Holdings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Senior Lending LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Credit Partners BDC Inc		.MD.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Revolver Holdings LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Revolver Holdings II LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Revolver Holdings IV LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Co-Issuer Corporation		.DE.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Europe GP, S.a.r.l.		.LUX.	.NIA.	Jefferies Finance LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Finance Europe, S.L.P.		.LUX.	.NIA.	JFIN Europe GP, S.a.r.l.	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Finance Europe, SCSP		.LUX.	.NIA.	JFIN Europe GP, S.a.r.l.	Ownership.....	100.000 ...	MMLIC		
.0000						Jefferies Finance Business Credit LLC		.DE.	.NIA.	Jefferies Finance Business Credit LLC	Ownership.....	100.000 ...	MMLIC		
.0000						JFIN Business Credit Fund I LLC		.DE.	.NIA.	Jefferies Finance Business Credit LLC	Ownership.....	100.000 ...	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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.0000						JFIN Funding 2021 LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN High Yield Investments LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN LC Fund LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						Beauty Brands Acquisition Holdings LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						Beauty Brands Acquisition LLC		.DE.	.NIA.	Beauty Brands Acquisition Holdings LLC	Ownership.	100.00	MMLIC		
.0000						Beauty Brands Acquisition Intermediate LLC		.DE.	.NIA.	Beauty Brands Acquisition LLC	Ownership.	100.00	MMLIC		
										Beauty Brands Acquisition Intermediate LLC					
.0000						FB Acquisition LLC		.DE.	.NIA.		Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2017 Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2017-II Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2017-III Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2018 Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2019 Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2019-II Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2020 Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2021-II Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2021-V Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2022-II Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2022-III Ltd.		.CYM.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2021 IV Ltd.		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver CLO 2022-I Ltd.		.BMU.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver SPE1 2022 LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver SPE3 2022 LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						JFIN Revolver SPE4 2022 LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						SFL Parkway Funding 2022 LLC		.DE.	.NIA.	Jefferies Finance LLC	Ownership.	100.00	MMLIC		
.0000						Apex Credit Holdings LLC		.DE.	.NIA.	JFIN Parent LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2012 Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2013 Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2014 Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2014-II Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2015 Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2015-II Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	.85.00	MMLIC		
.0000						JFIN CLO 2016 Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2017 Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						JFIN CLO 2017-II Ltd.		.CYM.	.NIA.	Apex Credit Partners LLC	Ownership.	100.00	MMLIC		
.0000						Tomorrow Parent, LLC		.DE.	.NIA.	JFIN Parent LLC	Ownership.	100.00	MMLIC		
.0000						Custom Ecology Holdco, LLC		.DE.	.NIA.	JFIN Parent LLC	Ownership.	100.00	MMLIC		
.0000		04-1590850				MM Copper Hill Road LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.	100.00	MMLIC		
.0000						MM Direct Private Investments Holding LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.	100.00	MMLIC		
.0000						MM Direct Private Investments UK Limited		.GBR.	.NIA.	MM Direct Private Investments Holding LLC	Ownership.	100.00	MMLIC		
.0000						DPI-ACRES Capital LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.	100.00	MMLIC		
.0000						MM Investment Holding		.CYM.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.	100.00	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000			26-0073611				MMIH Bond Holdings LLC	..DE...	.NIA...	MM Investment Holding	Ownership.....	.99.600 ...	MMLIC		
.0000			26-0073611				MassMutual Asset Finance LLC	..DE...	.NIA...	MM Investment Holding	Ownership.....	.99.600 ...	MMLIC		
.0000			26-0073611				MassMutual Asset Finance LLC	..DE...	.NIA...	C.M. Life Insurance Company	Ownership.....	.0.400 ...	MMLIC		
.0000			36-4785301				MMAF Equipment Finance LLC 2014-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			35-2590691				MMAF Equipment Finance LLC 2017-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			32-0546197				MMAF Equipment Finance LLC 2017-B	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			82-5335801				MMAF Equipment Finance LLC 2018-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			83-3722640				MMAF Equipment Finance LLC 2019-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							MMAF Equipment Finance LLC 2019-B	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							MMAF Equipment Finance LLC 2020-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							MMAF Equipment Finance LLC 2020-B	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							MMAF Equipment Finance LLC 2021-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							MMAF Equipment Finance LLC 2022-A	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							MMAF Equipment Finance LLC 2022-B	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Rozier LLC	..DE...	.NIA...	MassMutual Asset Finance LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			04-2443240				MML Management Corporation	..MA...	.NIA...	MM Investment Holding	Ownership.....	.100.000 ...	MMLIC		
.0000			04-3548444				MassMutual International Holding MSC, Inc.	..MA...	.NIA...	MML Management Corporation	Ownership.....	.100.000 ...	MMLIC		
.0000			04-3341767				MassMutual Holding MSC, Inc.	..MA...	.NIA...	MML Management Corporation	Ownership.....	.100.000 ...	MMLIC		
.0000							MML CM LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000							Blueprint Income LLC	..NY...	.NIA...	MML CM LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Flourish Digital Assets LLC	..DE...	.NIA...	MML CM LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Flourish Financial LLC	..DE...	.NIA...	MML CM LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Flourish Holding Company LLC	..DE...	.NIA...	MML CM LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Flourish Insurance Agency LLC	..DE...	.NIA...	MML CM LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Flourish Technologies LLC	..DE...	.NIA...	MML CM LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			04-3356880				MML Distributors LLC	..MA...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.99.000 ...	MMLIC		
.0000			04-3356880				MML Distributors LLC	..MA...	.NIA...	MassMutual Holding LLC	Ownership.....	.1.000 ...	MMLIC		
.0000							MML Investment Advisers, LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			46-3238013				MML Strategic Distributors, LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			06-1563535	2881445			The MassMutual Trust Company, FSB	..CT...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			04-1590850				MML Private Placement Investment Company I, LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	..DE...	.NIA...	Baring Asset Management Limited	Management.....		MMLIC		
.0000			04-1590850				MM Private Equity Intercontinental LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			45-2738137				Pioneers Gate LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			04-2854319	2392316			MassMutual Holding LLC	..DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000 ...	MMLIC		
.0000			06-1597528				MassMutual Assignment Company	..NC...	.NIA...	MassMutual Holding LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			37-1732913				Fern Street LLC	..DE...	.NIA...	MassMutual Holding LLC	Ownership.....	.100.000 ...	MMLIC		
.0000							Low Carbon Energy Holding	..GBR...	.NIA...	MassMutual Holding LLC	Ownership.....	.49.000 ...	MMLIC		
.0000							Sleeper Street LLC	..DE...	.NIA...	MassMutual Holding LLC	Ownership.....	.100.000 ...	MMLIC		
.0000			46-2252944				Haven Life Insurance Agency, LLC	..DE...	.NIA...	MassMutual Holding LLC	Ownership.....	.100.000 ...	MMLIC		

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.0000			04-1590850				MassMutual Capital Partners LLCDE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000			46-4255307				Marco Hotel LLC .....	.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000			45-3623262				HB Naples Golf Owner LLC .....	.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000			82-4411267				RB Apartments LLC .....	.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures Holding LLC .....	.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							Athens Fund Management LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							Crane Venture Partners LLP .....	.GBR.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	.33.000 ...	MMLIC		
.0000							MassMutual Ventures Management LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures SEA Management Private Limited .....	.DE.	.NIA.	MassMutual Ventures Management LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures Southeast Asia I LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures Southeast Asia II LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures Southeast Asia III LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MMV Digital I LLC .....	.CYM.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures UK LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000			47-1296410				MassMutual Ventures US I LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures US II LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures US III LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MassMutual Ventures US IV LLC .....	.DE.	.NIA.	MassMutual Ventures Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000			04-1590850				MM Rothesay Holdco US LLC .....	.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay Limited .....	.GBR.	.NIA.	MM Rothesay Holdco US LLC	Ownership.....	.48.800 ...	MMLIC		
.0000							Rothesay Life Plc .....	.GBR.	.NIA.	Rothesay Limited	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay MA No.1 Limited .....	.GBR.	.NIA.	Rothesay Life PLC	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay Mortgager Limited .....	.GBR.	.NIA.	Rothesay Limited	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay MA No.3 Limited .....	.GBR.	.NIA.	Rothesay Life PLC	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay MA No.4 Limited .....	.GBR.	.NIA.	Rothesay Life PLC	Ownership.....	100.000 ...	MMLIC		
.0000							LT Mortgage Finance Limited .....	.GBR.	.NIA.	Rothesay Life PLC	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay Property Partnership 1 LLP .....	.GBR.	.NIA.	Rothesay Life PLC	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay Foundation .....	.GBR.	.NIA.	Rothesay Limited	Ownership.....	100.000 ...	MMLIC		
.0000			47-1466022				Rothesay Pensions Management Limited .....	.GBR.	.NIA.	Rothesay Limited	Ownership.....	100.000 ...	MMLIC		
.0000			45-4000072				Rothesay Asset Management UK Limited .....	.GBR.	.NIA.	Rothesay Limited	Ownership.....	100.000 ...	MMLIC		
.0000			04-1590850				Rothesay Asset Management Australia Pty Ltd .....	.AUS.	.NIA.	Rothesay Asset Management UK Limited	Ownership.....	100.000 ...	MMLIC		
.0000							Rothesay Asset Management North America LLC .....	.DE.	.NIA.	Rothesay Asset Management UK Limited	Ownership.....	100.000 ...	MMLIC		
.0000							MM Catalyst Fund LLC .....	.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							LifeScore Labs, LLC .....	.MA.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MM Asset Management Holding LLC .....	.MA.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MML Investors Services, LLC .....	.MA.	.NIA.	MassMutual Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MML Insurance Agency, LLC .....	.MA.	.NIA.	MML Investors Services, LLC	Ownership.....	100.000 ...	MMLIC		
.0000							MMLISI Financial Alliances, LLC .....	.DE.	.NIA.	MML Investors Services, LLC	Ownership.....	100.000 ...	MMLIC		
.0000							Barings LLC .....	.DE.	.NIA.	MassMutual Asset Management Holding LLC	Ownership.....	100.000 ...	MMLIC		
.0000							Baring Asset Management (Asia) Holdings Limited .....	.HKG.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000							Baring International Fund Managers (Bermuda) Limited .....	.BMU.	.NIA.	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000 ...	MMLIC		
.0000							Baring Asset Management (Asia) Limited .....	.HKG.	.NIA.	Baring Asset Management (Asia) Holdings Limited	Ownership.....	100.000 ...	MMLIC		
.0000							Baring Asset Management Korea LimitedKOR.	.NIA.	Baring Asset Management (Asia) Limited	Ownership.....	100.000 ...	MMLIC		
.0000							98-0524271								
.0000							98-0457465								
.0000							98-0457463								

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.0000						Barings Investment Management (Shanghai) LimitedHKG.	.NIA.	Baring Asset Management (Asia) Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Overseas Investment Fund Management (Shanghai) Limited .....		.HKG.	.NIA.	Barings Investment Management (Shanghai) Limited	Ownership.....	.100.00 ...	MMLIC		
.0000		98-0457707				Baring SICE (Taiwan) Limited .....		.TWN.	.NIA.	Baring Asset Management (Asia) Holdings Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Singapore Pte. Ltd. ....		.SGP.	.NIA.	Baring Asset Management (Asia) Holdings Limited	Ownership.....	.100.00 ...	MMLIC		
.0000		98-0236449				Barings Japan Limited .....		.JPN.	.NIA.	Baring Asset Management (Asia) Holdings Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Australia Holding Company Pty Ltd .....		.AUS.	.NIA.	Baring Asset Management (Asia) Holdings Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Australia Pty Ltd .....		.AUS.	.NIA.	Barings Australia Holding Company Pty Ltd	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Australia Real Estate Holdings Pty Ltd .....		.AUS.	.NIA.	Barings LLC	Ownership.....	.100.00 ...	MMLIC		
.0000		14-0045656				Barings Australia Real Estate Pty Ltd .....		.AUS.	.NIA.	Barings Australia Real Estate Holdings Pty Ltd	Ownership.....	.100.00 ...	MMLIC		
.0000		98-0457456				Altis Property Partners Holdings Pty Ltd .....		.AUS.	.NIA.	Barings Australia Real Estate Pty Ltd	Ownership.....	.100.00 ...	MMLIC		
.0000						Altis Asset Management Pty Ltd .....		.AUS.	.NIA.	Altis Property Partners Holdings Pty Ltd	Ownership.....	.100.00 ...	MMLIC		
.0000						Altis Property Partners Pty Ltd .....		.AUS.	.NIA.	Altis Property Partners Holdings Pty Ltd	Ownership.....	.100.00 ...	MMLIC		
.0000		80-0875475				Barings Finance LLC .....		.DE.	.NIA.	Barings LLC	Ownership.....	.100.00 ...	MMLIC		
.0000						BCF Europe Funding Limited .....		.IRL.	.NIA.	Barings Finance LLC	Ownership.....	.100.00 ...	MMLIC		
.0000						BCF Senior Funding I LLC .....		.DE.	.NIA.	Barings Finance LLC	Ownership.....	.100.00 ...	MMLIC		
.0000						BCF Senior Funding I Designated Activity Company .....		.IRL.	.NIA.	Barings Finance LLC	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Real Estate Acquisitions LLC .....		.DE.	.NIA.	Barings LLC	Ownership.....	.100.00 ...	MMLIC		
.0000		04-3238351				Barings Securities LLC .....		.DE.	.NIA.	Barings LLC	Ownership.....	.100.00 ...	MMLIC		
.0000		98-0437588				Barings Guernsey Limited .....		.GGY.	.NIA.	Barings LLC	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Europe Limited .....		.GBR.	.NIA.	Barings Guernsey Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Asset Management Spain SL .....		.ESP.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring France SAS .....		.FRA.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring International Fund Managers (Ireland) Limited .....		.IRL.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings GmbH .....		.DEU.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Italy S.r.l. .....		.ITA.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Sweden AB .....		.SWE.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Netherlands B.V. .....		.NLD.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000		98-0432153				Barings (U.K.) Limited .....		.GBR.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Switzerland Sàrl .....		.CHE.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring Asset Management Limited .....		.GBR.	.NIA.	Barings Europe Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings European Direct Lending 1 GP LLP .....		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring International Investment Limited .....		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring International Investment Management Holdings .....		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring Asset Management UK Holdings Limited .....		.GBR.	.NIA.	Baring Holdings	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring Fund Managers Limited .....		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						BCSS 2 GP LLP .....		.GBR.	.NIA.	Baring Fund Managers Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Baring Investment Services Limited .....		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings Core Fund Feeder I GP S.à.r.l. .....		.LUX.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		
.0000						Barings BME GP S.à.r.l.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	.100.00 ...	MMLIC		

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.0000						Barings GPC GP S.à. r.l.LUX.	.NIA.	Baring Asset Management Limited	Ownership.....	100.000 ...	MMLIC		
.0000						Barings European Core Property Fund GP Sàrl		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	100.000 ...	MMLIC		
.0000						Barings Investment Fund (LUX) GP S.à. r.l. ....		.LUX.	.NIA.	Baring Asset Management Limited	Ownership.....	100.000 ...	MMLIC		
.0000						Barings Umbrella Fund (LUX) GP S.à.r.l. ....		.LUX.	.NIA.	Baring Asset Management Limited	Ownership.....	100.000 ...	MMLIC		
.0000						GPLF4(S) GP S.à. r. l. ....		.LUX.	.NIA.	Baring Asset Management Limited	Ownership.....	100.000 ...	MMLIC		
.0000						PREIF Holdings Limited Partnership ....		.GBR.	.NIA.	Baring Asset Management Limited	Ownership.....	100.000 ...	MMLIC		
.0000						BMC Holdings DE LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000		04-3238351	3456895			Barings Real Estate Advisers Inc. ....		.CA.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000		81-2244465				Chassis Acquisition Holding LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	30.000 ...	MMLIC		
.0000		81-4258759				CRA Aircraft Holding LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.000 ...	MMLIC		
.0000		81-4258759				CRA Aircraft Holding LLC ....		.DE.	.NIA.	Barings LLC	Influence.....		MMLIC		
.0000		83-0560183				Aland Royalty Holdings LP ....		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence	26.700 ...	MMLIC		
.0000		83-0560183				Aland Royalty Holdings LP ....		.DE.	.NIA.	Barings LLC	Management.....		MMLIC		
.0000		82-2932156				GASL Holdings LLC ....		.DE.	.NIA.	MassMutual Holding LLC	Ownership.....	11.300 ...	MMLIC		
.0000		82-2932156				GASL Holdings LLC ....		.DE.	.NIA.	Barings LLC	Board.....		MMLIC		
.0000		46-2344300				Intermodal Holdings II LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	18.000 ...	MMLIC		
.0000		46-2344300				Intermodal Holdings II LLC ....		.DE.	.NIA.	Barings LLC	Management.....		MMLIC		
.0000		47-3055009				Milestone Acquisition Holding, LLC. ....		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence	19.800 ...	MMLIC		
.0000						Novation Companies, Inc. ....		.MD.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	17.100 ...	MMLIC		
.0000						Novation Companies, Inc. ....		.MD.	.NIA.	Barings LLC	Influence.....		MMLIC		
.0000		46-5460309				Red Lake Ventures, LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	31.500 ...	MMLIC		
.0000		46-5460309				Red Lake Ventures, LLC ....		.DE.	.NIA.	Barings LLC	Influence.....		MMLIC		
.0000		81-4065378				Remington L & W Holdings LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	19.900 ...	MMLIC		
.0000		81-4065378				Remington L & W Holdings LLC ....		.DE.	.NIA.	Barings LLC	Influence.....		MMLIC		
.0000						Tamiami Citrus, LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	15.700 ...	MMLIC		
.0000						Tamiami Citrus, LLC ....		.DE.	.NIA.	Barings LLC	Management/Board		MMLIC		
.0000						Teaktree Acquisition, LLC ....		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence	14.700 ...	MMLIC		
.0000						Teaktree Acquisition, LLC ....		.DE.	.NIA.	Barings LLC	Influence.....		MMLIC		
.0000						Techquity, LP ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership.....	15.600 ...	MMLIC		
.0000						Techquity, LP ....		.DE.	.NIA.	Barings LLC	Influence.....		MMLIC		
.0000						EIP Holdings I, LLC ....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	29.000 ...	MMLIC		
.0000		46-0687392				Validus Holding Company LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	40.400 ...	MMLIC		
.0000						VGS Acquisition Holding, LLC ....		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence	33.300 ...	MMLIC		
.0000						VGS Acquisition Holding, LLC ....		.DE.	.NIA.	Barings LLC	Management.....		MMLIC		
.0000						Aland Royalty GP, LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Alaska Future Fund GP, LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						BAI GP, LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						BAI Funds SLP, LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Baring Asset-Based Income Fund (US) GP, LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Barings CMS Fund GP, LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		
.0000						Barings Infiniti Fund Management LLC ....		.DE.	.NIA.	Barings LLC	Ownership.....	100.000 ...	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tionship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0000						Barings Hotel Opportunity Venture I GP, LLC		DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000						Barings Investment Series LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Emerging Generation Fund GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Emerging Generation Fund GP II, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings ERS PE Emerging Manager III GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Global Investment Funds (U.S.)									
.0000			04-1590850			Management LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings CLO Investment Partners GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Core Property Fund GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Direct Lending GP Ltd.		CVM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000		84-3784245				Barings Emerging Generation Fund LP		DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	.42.600	MMLIC		
.0000		84-3784245				Barings Emerging Generation Fund LP		DE	NIA	Barings LLC	Management		MMLIC		
.0000						Barings Global Energy Infrastructure Advisors, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Centre Street CLO Equity Partnership GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings North American Private Loan Fund Management, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings North American Private Loan Fund II Management, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings North American Private Loan Fund III Management, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Global Special Situations Credit Fund 4 GP (Delaware) LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings - MM Revolver Fund GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BMT RE Debt Fund GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Global Real Assets Fund GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings GPSF LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000		84-5063008				Barings Small Business Fund LLC		DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	.33.600	MMLIC		
.0000		84-5063008				Barings Small Business Fund LLC		DE	NIA	Barings LLC	Management		MMLIC		
.0000		98-0536233				Benton Street Advisors, Inc.		CVM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BHOVI Incentive LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BIG Real Estate Fund GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BIG Real Estate Incentive I LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BIG Real Estate Incentive II LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BRECS VII GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						BREDIF GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						CREF X GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000		04-1590850				Great Lakes III GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Lake Jackson LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						Barings Emerging Markets Blended Fund I GP, LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			41-2280126			Mezzco III LLC		DE	NIA	Barings LLC	Ownership	.99.300	MMLIC		
.0000			80-0920285			Mezzco IV LLC		DE	NIA	Barings LLC	Ownership	.99.300	MMLIC		
.0000						Mezzco Australia II LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000						RECSA-NY GP LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			04-1590850			SBNP SIA II LLC		DE	NIA	Barings LLC	Ownership	100.000	MMLIC		

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.0000						SBNP SIA III LLC		.DE.	.NIA.	Barings LLC	Ownership	100.000	MMLIC		
.0000						Amherst Long Term Holdings, LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	24.500	MMLIC		
.0000		04-3313782				MassMutual International LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000						MassMutual Solutions LLC		.DE.	.NIA.	MassMutual International LLC	Ownership	100.000	MMLIC		
.0000						Haven Technologies Asia Limited		.HKG.	.NIA.	MassMutual Solutions LLC	Ownership	100.000	MMLIC		
.0000						Yunfeng Financial Group Limited		.HKG.	.NIA.	MassMutual International LLC	Ownership	24.900	MMLIC		
.0000						MassMutual Asia Limited (SPV)		.HKG.	.NIA.	MassMutual International LLC	Ownership	100.000	MMLIC		
.0000			04-1590850			MML Mezzanine Investor II, LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850			MML Mezzanine Investor III, LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	11.100	MMLIC		
.0000			27-3576835			MassMutual External Benefits Group LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850			100 w. 3rd Street LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850			2160 Grand Manager LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
.0000			82-2432216			300 South Tryon Hotel LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850			300 South Tryon LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000						Almack Mezzanine Fund II Unleveraged LP		.GBR.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	72.900	MMLIC		
.0000						Barings Affordable Housing Mortgage Fund I LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000						Barings Affordable Housing Mortgage Fund I LLC		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Affordable Housing Mortgage Fund II LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			61-1902329			Barings Affordable Housing Mortgage Fund II LLC		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000			61-1902329			Barings Affordable Housing Mortgage Fund III LLC		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	99.900	MMLIC		
.0000			85-3036663			Barings Affordable Housing Mortgage Fund III LLC		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000			85-3036663			Barings Asset-Based Income Fund (US) LP		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence	12.800	MMLIC		
.0000			36-4868350			Barings Asset-Based Income Fund (US) LP		.DE.	.NIA.	C.M. Life Insurance Company	Ownership/Influence	1.300	MMLIC		
.0000			36-4868350			Barings Asset-Based Income Fund (US) LP		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000			36-4868350			Barings Emerging Markets Corporate Bond Fund		.IRL.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	52.900	MMLIC		
.0000						Barings Emerging Markets Corporate Bond Fund		.IRL.	.NIA.	Barings LLC	Ownership	17.100	MMLIC		
.0000						Barings European Real Estate Debt Income Fund		.IRL.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	67.100	MMLIC		
.0000						Barings European Real Estate Debt Income Fund		.LUX.	.NIA.	Barings LLC	Influence		MMLIC		
.0000			98-1206017			Babson Capital Global Special Situation Credit Fund 2		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence	20.400	MMLIC		
.0000			98-1206017			Babson Capital Global Special Situation Credit Fund 2		.DE.	.NIA.	C.M. Life Insurance Company	Ownership		MMLIC		

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.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2DE...	.NIA...	Barings LLC	Management		MMLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P. ....	.DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence .....	.75.700	MMLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P. ....	.DE...	.NIA...	C.M. Life Insurance Company	Ownership .....	.3.800	MMLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P. ....	.DE...	.NIA...	Barings LLC	Management		MMLIC		
.0000							Barings US High Yield Bond Fund .....	.IRL...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence .....	.54.600	MMLIC		
.0000							Barings US High Yield Bond Fund .....	.IRL...	.NIA...	Barings LLC	Management		MMLIC		
.0000							Babson CLO Ltd. 2013-I .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		2
.0000							Babson CLO Ltd. 2015-I .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		3
.0000							Babson CLO Ltd. 2015-II .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		4
.0000							Babson CLO Ltd. 2016-I .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Babson CLO Ltd. 2016-II .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO Ltd. 2017-I .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2018-III .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2018-IV .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000			98-1473665				Barings CLO 2019-II .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2019-III .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2019-IV .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2020-I .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2020-II .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2020-III .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2020-IV .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2021-I .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2021-II .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2021-III .....	.CYM...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO 2022-I .....	.CYM...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence		MMLIC		
.0000							Barings CLO 2022-II .....	.CYM...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence		MMLIC		
.0000							Babson Euro CLO 2014-I BV .....	.NLD...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Babson Euro CLO 2014-II BV .....	.NLD...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Babson Euro CLO 2015-I BV .....	.NLD...	.NIA...	Barings LLC	Influence		MMLIC		
.0000			36-037260H				Barings Euro CLO 2019-I BV .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings Euro CLO 2019-II BV .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings Euro CLO 2020-I DAC .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings Euro CLO 2021-I DAC .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings Euro CLO 2021-II DAC .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings Euro CLO 2021-III DAC .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings Euro CLO 2022-I DAC .....	.IRL...	.NIA...	Barings LLC	Influence		MMLIC		
.0000							Barings CLO Investment Partners LP .....	.DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence .....	.98.500	MMLIC		
.0000							Barings CLO Investment Partners LP .....	.DE...	.NIA...	Barings LLC	Management		MMLIC		
.0000							Barings Centre Street CLO Equity Partnership LP .....	.DE...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence .....	.23.900	MMLIC		
.0000							Barings Euro Value Add II (BREEVA II) .....	.LUX...	.NIA...	Massachusetts Mutual Life Insurance Company	Ownership/Influence .....	.29.700	MMLIC		
.0000							Barings Euro Value Add II (BREEVA II) .....	.LUX...	.NIA...	C.M. Life Insurance Company	Ownership .....	.2.600	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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.0000						Barings Euro Value Add II (BREEVA II)LUX.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Real Estate European Value Add I SCSp .....		.GBR.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	44.200	MMLIC		
.0000						Barings Real Estate European Value Add I SCSp .....		.GBR.	.NIA.	C.M. Life Insurance Company	Ownership	4.900	MMLIC		
.0000						Barings Real Estate European Value Add I SCSp .....		.GBR.	.NIA.	Barings LLC	Management		MMLIC		
.0000		85-3449260				Barings Real Estate Debt Income Fund LP .....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	82.400	MMLIC		
.0000		85-3449260				Barings Real Estate Debt Income Fund LP .....		.DE.	.NIA.	C.M. Life Insurance Company	Influence		MMLIC		
.0000		85-3449260				Barings Real Estate Debt Income Fund LP .....		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000		82-5330194				Barings Global Em. Markets Equity Fund .....		.NC.	.NIA.	Barings LLC	Management		MMLIC		
.0000		98-1332384				Barings Global Energy Infrastructure Fund I LP .....		.CYM.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership/Influence	95.300	MMLIC		
.0000		98-1332384				Barings Global Energy Infrastructure Fund I LP .....		.CYM.	.NIA.	Baring Asset Management Limited	Management		MMLIC		
.0000						Barings Global Dividends Champion Fund .....		.IRL.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Europe Select Fund .....		.IRL.	.NIA.	Barings LLC			MMLIC		
.0000		82-3867745				Barings Global Real Assets Fund LP .....		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence .....	.26.200	MMLIC		
.0000		82-3867745				Barings Global Real Assets Fund LP .....		.DE.	.NIA.	C.M. Life Insurance Company	Ownership	7.000	MMLIC		
.0000		82-3867745				Barings Global Real Assets Fund LP .....		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Global Special Situations Credit Fund 3 .....		.IRL.	.NIA.	MassMutual Holding LLC	Ownership/Influence	19.700	MMLIC		
.0000						Barings Global Special Situations Credit 4 Delaware .....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	67.700	MMLIC		
.0000						Barings Global Special Situations Credit 4 Delaware .....		.DE.	.NIA.	C.M. Life Insurance Company	Ownership	3.600	MMLIC		
.0000						Barings Global Special Situations Credit 4 Delaware .....		.DE.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Global Special Situations Credit 4 LUX .....		.LUX.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership	13.300	MMLIC		
.0000						Barings Global Special Situations Credit 4 LUX .....		.LUX.	.NIA.	C.M. Life Insurance Company	Ownership	0.700	MMLIC		
.0000						Barings Global Special Situations Credit 4 LUX .....		.LUX.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Global Special Situations Credit Fund 3 .....		.IRL.	.NIA.	Barings LLC	Management		MMLIC		
.0000						Barings Global Technology Equity Fund .....		.IRL.	.NIA.	Barings LLC	Ownership/Influence .....	.73.900	MMLIC		
.0000		87-0977058				Barings Hotel Opportunity Venture .....		.CT.	.NIA.	Company	Ownership/Influence .....	.66.000	MMLIC		
.0000		87-0977058				Barings Hotel Opportunity Venture .....		.CT.	.NIA.	Barings LLC	Management		MMLIC		
.0000		86-3661023				Barings Innovations & Growth Real Estate Fund .....		.DE.	.NIA.	Massachusetts Mutual Life Insurance Company	Ownership .....	.33.400	MMLIC		
.0000		86-3661023				Barings Innovations & Growth Real Estate Fund .....		.DE.	.NIA.	C.M. Life Insurance Company	Ownership	0.500	MMLIC		
.0000						Barings Middle Market CLO 2017-I Ltd & LLC .....		.CYM.	.NIA.	Barings LLC	Influence		MMLIC		
.0000						Barings Middle Market CLO 2018-I .....		.CYM.	.NIA.	Barings LLC	Influence		MMLIC		
.0000						Barings Middle Market CLO 2019-I .....		.CYM.	.NIA.	Barings LLC	Influence		MMLIC		
.0000		98-1612604				Barings Middle Market CLO 2021-I .....		.CYM.	.NIA.	Barings LLC	Influence		MMLIC		
.0000		38-4010344				Barings North American Private Loan Fund LP .....		.DE.	.NIA.	MassMutual Holding LLC	Ownership/Influence .....	.36.400	MMLIC		
.0000		38-4010344				Barings North American Private Loan Fund LPDE.	.NIA.	Baring Asset Management Limited	Management		MMLIC		

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.0000			98-1332384				Barings RE Credit Strategies VII LPDE..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership/Influence33.600	MMLIC		
.0000			98-1332384				Barings RE Credit Strategies VII LP .....	.DE..	.NIA..	Baring Asset Management Limited	Management		MMLIC		
.0000			98-1567942				Barings Target Yield Infrastructure Debt Fund .....	.LUX..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership .....	.23.600	MMLIC		
.0000			98-1567942				Barings Target Yield Infrastructure Debt Fund .....	.LUX..	.NIA..	Baring Asset Management Limited	Management		MMLIC		
.0000			87-1262754				Barings Transportation Fund LP .....	.DE..	.NIA..	MassMutual Holding LLC	Ownership/Influence .....	.11.300	MMLIC		
.0000			87-1262754				Barings Transportation Fund LP .....	.DE..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership .....	.7.900	MMLIC		
.0000							Braemar Energy Ventures I, L.P. .....	.DE..	.NIA..	Company	Ownership/Influence .....	.88.000	MMLIC		
.0000							Braemar Energy Ventures I, L.P. .....	.DE..	.NIA..	C.M. Life Insurance Company	Ownership .....	.1.300	MMLIC		
.0000							Braemar Energy Ventures I, L.P. .....	.DE..	.NIA..	Barings LLC	Management		MMLIC		
.0000							Barings European Core Property Fund SCSP .....	.LUX..	.NIA..	MassMutual Holding LLC	Ownership/Influence .....	.7.400	MMLIC		
.0000							Barings European Core Property Fund SCSP .....	.LUX..	.NIA..	C.M. Life Insurance Company	Ownership .....	.0.500	MMLIC		
.0000							Barings European Core Property Fund SCSP .....	.LUX..	.NIA..	Barings Real Estate Advisers LLC	Management		MMLIC		
.0000			46-5001122				Barings European Private Loan Fund III A .....	.LUX..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership .....	.52.100	MMLIC		
.0000			38-4059932				Benchmark 2018-B2 Mortgage Trust .....	.NY..	.NIA..	Barings LLC	Influence		MMLIC		
.0000							Benchmark 2018-B4 .....	.NY..	.NIA..	Barings LLC	Influence		MMLIC		
.0000			38-4096530				Benchmark 2018-B8 .....	.NY..	.NIA..	Barings LLC	Influence		MMLIC		
.0000			20-5578089				Barings Core Property Fund LP .....	.DE..	.NIA..	MassMutual Holding LLC	Ownership/Influence .....	.23.200	MMLIC		
.0000			20-5578089				Barings Core Property Fund LP .....	.DE..	.NIA..	Barings Real Estate Advisers LLC	Management		MMLIC		
.0000			46-5432619				Cornerstone Real Estate Fund X LP .....	.DE..	.NIA..	Company	Ownership/Influence .....	.38.600	MMLIC		
.0000			46-5432619				Cornerstone Real Estate Fund X LP .....	.DE..	.NIA..	C.M. Life Insurance Company	Ownership .....	.4.300	MMLIC		
.0000			46-5432619				Cornerstone Real Estate Fund X LP .....	.DE..	.NIA..	Barings Real Estate Advisers LLC	Management		MMLIC		
.0000			35-2531693				Cornerstone Permanent Mortgage Fund III LLC .....	.MA..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership/Influence .....	.100.000	MMLIC		
.0000			61-1793735				Cornerstone Permanent Mortgage Fund IV LLC .....	.MA..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership .....	.98.600	MMLIC		
.0000			90-0991195				Gateway Mezzanine Partners II LP .....	.DE..	.NIA..	Company	Ownership/Influence .....	.35.200	MMLIC		
.0000			90-0991195				Gateway Mezzanine Partners II LP .....	.DE..	.NIA..	C.M. Life Insurance Company	Ownership .....	.5.300	MMLIC		
.0000			90-0991195				Gateway Mezzanine Partners II LP .....	.DE..	.NIA..	Barings LLC	Management		MMLIC		
.0000			37-1708623				Great Lakes III, L.P. .....	.DE..	.NIA..	Company	Ownership/Influence .....	.41.400	MMLIC		
.0000			37-1708623				Great Lakes III, L.P. .....	.DE..	.NIA..	Barings LLC	Management		MMLIC		
.0000							GIA EU Holdings - Emerson JV Sarl .....	.LUX..	.NIA..	Company	Ownership/Influence .....	.72.600	MMLIC		
.0000							GIA EU Holdings - Emerson JV Sarl .....	.LUX..	.NIA..	Barings LLC	Management		MMLIC		
.0000			38-4041011				JPMCC Commercial Mortgage Securities Trust 2017-JP7 .....	.NY..	.NIA..	Barings LLC	Influence		MMLIC		
.0000			38-4032059				JPMDB Commercial Mortgage Securities Trust 2017-CS .....	.NY..	.NIA..	Barings LLC	Influence		MMLIC		
.0000			04-1590850				Miami Douglas Two GP LLC .....	.DE..	.NIA..	Company	Ownership/Influence .....	.0.000	MMLIC		
.0000			04-1590850				Miami Douglas Two GP LLC .....	.DE..	.NIA..	C.M. Life Insurance Company	Influence .....	.0.000	MMLIC		
.0000			04-1590850				Miami Douglas Two LP .....	.DE..	.NIA..	Massachusetts Mutual Life Insurance Company	Ownership .....	.90.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000			04-1590850				Miami Douglas Two LP	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	10.000 ..	MMLIC		
.0000			04-1590850				Miami Douglas Three MM LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ..	MMLIC		
.0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	.27.000 ..	MMLIC		
.0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.800 ..	MMLIC		
.0000							MM CM Holding LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ..	MMLIC		
.0000			04-1590850				MM Direct Private Invetment Holding	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ..	MMLIC		
.0000			81-3000420				MM Debt Participations LLC	..DE..	NIA..	Barings LLC	Ownership/Influence	100.000 ..	MMLIC		
.0000			81-3000420				MM Debt Participations LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Management.....		MMLIC		
.0000			20-8856877				Somerset Special Opportunities Fund L.P.	..DE..	NIA..	Barings LLC	Ownership/Influence .....	.40.100 ..	MMLIC		
.0000			20-8856877				Somerset Special Opportunities Fund L.P.	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.1.900 ..	MMLIC		
.0000			35-2553915				Ten Fan Pier Boulevard LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	100.000 ..	MMLIC		
.0000			41-2280127				Tower Square Capital Partners III, L.P.	..DE..	NIA..	Barings LLC	Management.....		MMLIC		
.0000			41-2280127				Tower Square Capital Partners III, L.P.	..DE..	NIA..	MassMutual Holding LLC	Ownership/Influence .....	.17.900 ..	MMLIC		
.0000			41-2280129				Tower Square Capital Partners IIIA, L.P.	..DE..	NIA..	Barings LLC	Ownership/Influence	100.000 ..	MMLIC		
.0000			41-2280129				Tower Square Capital Partners IIIA, L.P.	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Management.....		MMLIC		
.0000			04-1590850				Trailside MM Member LLC	..DE..	NIA..	Barings LLC	Ownership.....	.66.970 ..	MMLIC		
.0000			04-1590850				Trailside MM Member LLC	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.7.400 ..	MMLIC		
.0000			04-1590850				Trailside MM Member II LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	.47.100 ..	MMLIC		
.0000			83-1325764				Washington Gateway Two LLC	..DE..	NIA..	Barings LLC	Ownership.....	.96.020 ..	MMLIC		
.0000			83-1325764				Washington Gateway Two LLC	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.6.700 ..	MMLIC		
.0000			32-0574045				Washington Gateway Three LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	.95.380 ..	MMLIC		
.0000			32-0574045				Washington Gateway Three LLC	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.11.400 ..	MMLIC		
.0000			88-3861481				West 37th Street Hotel LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	.93.800 ..	MMLIC		
.0000			88-3861481				West 37th Street Hotel LLC	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.6.300 ..	MMLIC		
.0000							Martello Re .....	..BMU..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership/Influence		MMLIC		
.0000							Barings China Aggregate Bond Private Securities Investment Fund	..CHN..	NIA..	Barings LLC	Management.....		MMLIC		
.0000							Barings European Growth Trust Fund	..GBR..	NIA..	Barings LLC	Ownership/Influence .....	.23.900 ..	MMLIC		
.0000							Barings Global High Yield Fund	..MA..	NIA..	Barings LLC	Management.....		MMLIC		
.0000							CCIC Fund .....	..CHN..	NIA..	Barings LLC	Ownership/Influence .....	.67.600 ..	MMLIC		
.0000			71-1018134				Great Lakes II LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	.10.600 ..	MMLIC		
.0000			71-1018134				Great Lakes II LLC	..DE..	NIA..	C.M. Life Insurance Company	Ownership.....	.9.980 ..	MMLIC		
.0000			04-1590850				Wood Creek Venture Fund LLC	..DE..	NIA..	Massachusetts Mutual Life Insurance Company	Ownership.....	.40.000 ..	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000						Barings California Mortgage Fund IVCA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000						Barings Umbrella Fund LUX SCSp SICAV RAIF .....		.LUX.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.50.000	MMLIC		
.0000						Barings Umbrella Fund LUX SCSp SICAV RAIF .....		.LUX.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.2.300	MMLIC		
.0000			82-2285211			Calgary Railway Holding LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.90.000	MMLIC		
.0000			82-2285211			Calgary Railway Holding LLC .....		.DE.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.10.000	MMLIC		
.0000			82-3307907			Cornbrook PRS Holdings LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			95-4207717			Cornerstone California Mortgage Fund I LLC .....		.CA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			95-4207717			Cornerstone California Mortgage Fund II LLC .....		.CA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			95-4207717			Cornerstone California Mortgage Fund III LLC .....		.CA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			56-2630592			Cornerstone Fort Pierce Development LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.90.000	MMLIC		
.0000			56-2630592			Cornerstone Fort Pierce Development LLC .....		.DE.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.5.900	MMLIC		
.0000			45-2632610			Cornerstone Permanent Mortgage Fund .....		.MA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			45-2632610			Cornerstone Permanent Mortgage Fund .....		.MA.....	.NIA.....	Barings LLC	Management.....		MMLIC		
.0000			61-1750537			Cornerstone Permanent Mortgage Fund II .....		.MA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			61-1750537			Cornerstone Permanent Mortgage Fund II .....		.MA.....	.NIA.....	Barings LLC	Management.....		MMLIC		
.0000			61-1793735			Cornerstone Permanent Mortgage Fund IV .....		.MA.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			20-0348173			CREA/PPC Venture LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.28.500	MMLIC		
.0000			82-2783393			Danville Riverwalk Venture, LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.94.400	MMLIC		
.0000			04-1590850			DPI Acres Capital SPV LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			04-1590850			Euro Real Estate Holdings LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			20-3347091			Fan Pier Development LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.65.000	MMLIC		
.0000			20-3347091			Fan Pier Development LLC .....		.DE.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.5.900	MMLIC		
.0000			04-1590850			GIA EU Holdings LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			81-5360103			Landmark Manchester Holdings LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.100.000	MMLIC		
.0000			04-1590850			MM Brookhaven Member LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.95.000	MMLIC		
.0000			04-1590850			MM East South Crossing Member LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.95.000	MMLIC		
.0000			04-1590850			MM Horizon Savannah Member LLC .....		.DE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.95.000	MMLIC		
.0000			04-1590850			MM Horizon Savannah Member LLC .....		.DE.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.3.700	MMLIC		
.0000			04-1590850			MM National Self-Storage Program Member LLC .....		.DE.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.98.000	MMLIC		
.0000			04-1590850			MM 1400 E 4th Street Member LLC .....		.DE.....	.NIA.....	C.M. Life Insurance Company	Ownership.....	.96.000	MMLIC		
.0000			80-0948028			One Harbor Shore LLCDE.....	.NIA.....	Massachusetts Mutual Life Insurance Company	Ownership.....	.94.990	MMLIC		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000		80-0948028				One Harbor Shore LLC DE	NIA	C.M. Life Insurance Company	Ownership	6.000	MMLIC			
.0000		04-1590850				PACO France Logistics LLC .....	.. DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC			
.0000						Salomon Brothers Commercial Mortgage Trust 2001-MM .....	.. DE	NIA	Barings Real Estate Advisers LLC	Influence		MMLIC			
.0000		81-5273574				Three PW Office Holding LLC .....	.. DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.95.100	MMLIC			
.0000		82-3250684				Unna, Dortmund Holding LLC .....	.. DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC			
.0000		45-5401109				Washington Gateway Apartments Venture LLC .....	.. DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.95.440	MMLIC			
.0000		45-5401109				Washington Gateway Apartments Venture LLC .....	.. DE	NIA	C.M. Life Insurance Company	Ownership	4.800	MMLIC			
.0000		51-0529328				MassMutual Premier Main Street Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.89.110	MMLIC			
.0000		26-3229251				MassMutual Premier Strategic Emerging Markets Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.27.790	MMLIC			
.0000		04-3512593				MassMutual Select Fundamental Growth Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.000	MMLIC			
.0000		42-1710935				MassMutual Select Mid-Cap Value Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.24.800	MMLIC			
.0000		02-0769954				MassMutual Select Small Capital Value Equity Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		04-3584140				MassMutual Select Small Company Value Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.8.110	MMLIC			
.0000		82-3347422				MassMutual Select T. Rowe Price Retirement 2005 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership .....	.5.490	MMLIC			
.0000		82-3355639				MassMutual Select T. Rowe Price Retirement 2010 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3382389				MassMutual Select T. Rowe Price Retirement 2015 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3396442				MassMutual Select T. Rowe Price Retirement 2020 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3417420				MassMutual Select T. Rowe Price Retirement 2025 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3430358				MassMutual Select T. Rowe Price Retirement 2030 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3439837				MassMutual Select T. Rowe Price Retirement 2035 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3451779				MassMutual Select T. Rowe Price Retirement 2040 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3472295				MassMutual Select T. Rowe Price Retirement 2045 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3481715				MassMutual Select T. Rowe Price Retirement 2050 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3502011				MassMutual Select T. Rowe Price Retirement 2055 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3525148				MassMutual Select T. Rowe Price Retirement 2060 Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		82-3533944				MassMutual Select T. Rowe Price Retirement Balanced Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			
.0000		46-4257056				MML Series International Equity Fund .....	.. MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000	47-3529636	MML Series II Dynamic Bond Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Influence.....	0.000	MMLIC			
.0000	47-3544629	MML Series II Equity Rotation Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	95.800	MMLIC			
.0000	27-1933389	MassMutual RetireSMART 2035 Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	3.920	MMLIC			
.0000	27-1932769	MassMutual RetireSMART 2045 Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	9.030	MMLIC			
.0000	46-3289207	MassMutual RetireSMART 2055 Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	22.360	MMLIC			
.0000	47-5326235	MassMutual RetireSMART 2060 Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	45.980	MMLIC			
.0000	45-1618155	MassMutual 20/80 Allocation Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Influence.....	0.000	MMLIC			
.0000	45-1618222	MassMutual 80/20 Allocation Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	52.970	MMLIC			
.0000	03-0532464	MassMutual RetireSMART In Retirement Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	2.030	MMLIC			
.0000	45-1618262	MassMutual 40/60 Allocation Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Influence.....	0.000	MMLIC			
.0000	45-1618046	MassMutual 60/40 Allocation Fund MA ..	NIA ..	Massachusetts Mutual Life Insurance Company	Ownership.....	79.870	MMLIC			

Asterisk	Explanation
1	Massachusetts Mutual Life Insurance Company owns 14.23% of the affiliated debt of Jefferies Finance LLC.
2	Debt investors own 9.6% and includes only Babson Capital Loan Strategies Fund, L.P.
3	Debt investors own .5% and includes only Great Lakes III, L.P.
4	Debt investors own .2% and includes only Great Lakes III, L.P.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
....65935	04-1590850	Massachusetts Mutual Life Insurance Company (MMLIC)	1,168,717,502	(916,712,358)	(317,232,840)					(3,861,276,921)	(3,926,504,617)	(39,707,062)
....93432	06-1041383	C.M. Life Insurance Company	(134,668,814)	49,313,329							(85,355,485)	15,946,249
....70416	43-0581430	MML Bay State Life Insurance Company	(26,000,000)								(26,000,000)	7,439,196
....	04-1590850	2160 Grand Manager LLC	0	6,912,006							6,912,006	
....	36-4823011	50 Liberty LLC	(2,265,699)	0							(2,265,699)	
....	83-0560183	Aland Royalty Holdings LP	0	(12,816,564)							(12,816,564)	
....		Barings Affordable Housing Mortgage Fund I LLC	(3,274,932)	(1,276,415)							(4,551,347)	
....	61-1902329	Barings Affordable Housing Mortgage Fund II LLC	(2,798,631)	18,881,413							16,082,782	
....	85-3036663	Barings Affordable Housing Mortgage Fund III LLC	(1,091,124)	13,746,102							12,654,978	
....	36-4868350	Barings Asset-Based Income Fund (US) LP	0	(64,079,457)							(64,079,457)	
....		Barings California Mortgage Fund IV	0	8,528,058							8,528,058	
....	88-3792609	Barings Centre Street CLO Equity Partnership LP	(155,729)	14,082,607							13,926,878	
....	81-0841854	Barings CLO Investment Partners LP	0	(7,814,300)							(7,814,300)	
....	84-3784245	Barings Emerging Generation Fund LP	464,054	(6,021,968)							(5,557,914)	
....		Barings European Core Property Fund SCSp	(298,185)	0							(298,185)	
....	46-5001122	Barings European Private Loan Fund III A	(1,728,256)	36,642,130							34,913,874	
....		Barings European Real Estate Debt Income Fund	(7,103,118)	(178,296)							(7,281,414)	
....	80-0875475	Barings Finance LLC			249,000,000						249,000,000	
....	98-1332384	Barings Global Energy Infrastructure Fund I LP	0	(88,536,092)							(88,536,092)	
....		Barings Global Private Loan Fund	(1,084,583)	(9,608,327)							(10,692,910)	
....	82-3867745	Barings Global Real Assets Fund LP	0	(48,641,209)							(48,641,209)	
....		Barings Global Special Situations Credit 4 Delaware	0	9,452,630							9,452,630	
....		Barings Global Special Situations Credit 4 LUX	(22,929)	20,248,189							20,225,260	
....		Barings Global Special Situations Credit Fund 3	0	(67,173,413)							(67,173,413)	
....	87-0977058	Barings Hotel Opportunity Venture	0	28,310,001							28,310,001	
....	86-3661023	Barings Innovations & Growth Real Estate Fund	0	1,837,566							1,837,566	
....	38-4010344	Barings North American Private Loan Fund LP	0	(29,714,170)							(29,714,170)	
....	98-1332384	Barings RE Credit Strategies VII LP	(4,336,968)	10,405,517							6,068,549	
....	85-3449260	Barings Real Estate Debt Income Fund LP	(6,951,123)	49,660,625							42,709,502	
....		Barings Real Estate European Value Add I SCSp	(2,655,677)	(12,783,578)							(15,439,255)	

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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84-5063008	Barings Small Business Fund LLC		0	5,070,923							5,070,923	
98-1567942	Barings Target Yield Infrastructure Debt Fund		(780,464)	17,834,729							17,054,265	
87-1262754	Barings Transportation Fund LP		(1,717,700)	(38,839,205)							(40,556,905)	
	Barings Umbrella Fund LUX SCSp SICAV RAIF		0	17,440,938							17,440,938	
04-1590850	Berkshire Way LLC		0	100,000							100,000	
	Braemar Energy Ventures I, L.P.		0	(23,909,241)							(23,909,241)	
	CML Special Situations Investor LLC		(123,325)	(477,883)							(601,208)	
82-3307907	Cornbrook PRS Holdings LLC		0	2,948,810							2,948,810	
95-4207717	Cornerstone California Mortgage Fund I LLC		(2,120,062)	(3,831,001)							(5,951,063)	
95-4207717	Cornerstone California Mortgage Fund II LLC		(3,014,895)	(1,075,534)							(4,090,429)	
95-4207717	Cornerstone California Mortgage Fund III LLC		(1,992,194)	3,278,733							1,286,539	
56-2630592	Cornerstone Fort Pierce Development LLC		0	127,154							127,154	
45-2632610	Cornerstone Permanent Mortgage Fund		(3,854,265)	(1,664,123)							(5,518,388)	
61-1750537	Cornerstone Permanent Mortgage Fund II		(3,318,290)	(1,575,706)							(4,893,996)	
61-1793735	Cornerstone Permanent Mortgage Fund IV LLC		(3,458,251)	23,218,181							19,759,930	
46-5432619	Cornerstone Real Estate Fund X LP		(234,046)	(20,273,720)							(20,507,766)	
81-0890084	CREA Madison Member LLC		0	(6,750,000)							(6,750,000)	
20-0348173	CREA/PPC Venture LLC		0	1,680,000							1,680,000	
04-1590850	DPI Acres Capital SPV LLC		0	153,735,043							153,735,043	
	EIP Holdings I, LLC		(246,207)	0							(246,207)	
	EM Opportunities LLC		0	200,000							200,000	
04-1590850	Euro Real Estate Holdings LLC		(3,884,675)	11,060,583							7,175,908	
82-2932156	GASL Holdings LLC		0	(30,164,435)							(30,164,435)	
90-0991195	Gateway Mezzanine Partners II LP		(3,465,147)	(10,301,902)							(13,767,049)	
04-1590850	GIA EU Holdings LLC		(243,146)	58,395,858							58,152,712	
71-1018134	Great Lakes II LLC		(1,313,501)	69,228							(1,244,273)	
37-1708623	Great Lakes III, L.P.		(408,621)	(2,544,589)							(2,953,210)	
04-1590850	Insurance Road LLC		(101,905,052)	80,178,512							(21,726,540)	
46-2344300	Intermodal Holdings II LLC		(553,687)	(593,813)							(1,147,500)	
	JFIN Revolver Fund, L.P.		0	(3,402,700)							(3,402,700)	
82-1512591	KKR-MM Vector LP		(11,460,057)	0							(11,460,057)	
81-5360103	Landmark Manchester Holdings LLC		0	27,285							27,285	
	Martello Re										3,861,276,921	
04-2854319	MassMutual Holding LLC		(710,000,000)	639,490,465							(70,509,535)	
04-3313782	MassMutual International LLC		0	16,966,955							16,966,955	
51-0529328	MassMutual Premier Main Street Fund		(41,926)								(41,926)	
26-3229251	MassMutual Premier Strategic Emerging Markets Fund		(14,779)								(14,779)	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
04-1590850	04-1590850	MassMutual Private Equity Funds LLC	0	(61,557,808)							(61,557,808)	
03-0532464	03-0532464	MassMutual RetireSMART In Retirement Fund		(26,131)							(26,131)	
01-0821120	01-0821120	MassMutual Select Diversified Value Fund		(12,691)							(12,691)	
04-3512593	04-3512593	MassMutual Select Fundamental Growth Fund		(136,422)							(136,422)	
42-1710935	42-1710935	MassMutual Select Mid-Cap Value Fund		(137,855)							(137,855)	
04-3584140	04-3584140	MassMutual Select Small Company Value Fund		(21,479)							(21,479)	
82-3347422	82-3347422	MassMutual Select T. Rowe Price Retirement 2005 Fund		(3,363)							(3,363)	
82-3439837	82-3439837	MassMutual Select T. Rowe Price Retirement 2035 Fund		(23,305)							(23,305)	
82-3472295	82-3472295	MassMutual Select T. Rowe Price Retirement 2045 Fund		(28,176)							(28,176)	
82-3502011	82-3502011	MassMutual Select T. Rowe Price Retirement 2055 Fund		(269,342)							(269,342)	
82-3525148	82-3525148	MassMutual Select T. Rowe Price Retirement 2060 Fund		(2,842,371)							(2,842,371)	
04-1590850	04-1590850	Miami Douglas Three MM LLC	0	921,729							921,729	
04-1590850	04-1590850	MM 1400 E 4th Street Member LLC	0	16,160,025							16,160,025	
87-4021641	87-4021641	MM BIG Peninsula Co-Invest Member LLC	0	(63,262,654)							(63,262,654)	
04-1590850	04-1590850	MM Brookhaven Member LLC	0	6,155,588							6,155,588	
		MM CM Holding LLC	0	23,746,742							23,746,742	
04-1590850	04-1590850	MM Copper Hill Road LLC	0	2,925,552							2,925,552	
81-3000420	81-3000420	MM Debt Participations LLC	0	200,000							200,000	
04-1590850	04-1590850	MM Direct Private Invetment Holding	0	6,260,000							6,260,000	
04-1590850	04-1590850	MM East South Crossing Member LLC	0	4,229,005							4,229,005	
		MM Global Capabilities I LLC	0	(360)							(360)	
04-1590850	04-1590850	MM Horizon Savannah Member LLC	0	17,008,704		68,232,840					17,008,704	
		MM Investment Holding									68,232,840	
04-1590850	04-1590850	MM National Self-Storage Program Member LLC	(30,173)	84,139,244							84,109,071	
04-1590850	04-1590850	MM Rothesay Holdco US LLC		20,914,665							20,914,665	
		MML Investment Advisers, LLC	(62,028,998)	3							(62,028,995)	
04-1590850	04-1590850	MML Private Equity Fund Investor LLC	(32,952,546)	(12,352,485)							(45,305,031)	
47-3517233	47-3517233	MML Series II Asset Momentum Fund	(379,749)								(379,749)	
47-3544629	47-3544629	MML Series II Equity Rotation Fund	(5,090,592)								(5,090,592)	
47-3559064	47-3559064	MML Series II Special Situations Fund	(858,471)								(858,471)	
		MML Special Situations Investor LLC	0	(29,817,476)							(29,817,476)	
04-1590850	04-1590850	New Haven Holdco LLC	0	35,000,000							35,000,000	
85-3886824	85-3886824	NYDIG Digital Assets Fund II LP	(885,338)	9,880,982							8,995,644	
80-0948028	80-0948028	One Harbor Shore LLC	0	992,866							992,866	
04-1590850	04-1590850	PACO France Logistics LLC	0	(432,805)							(432,805)	
46-5460309	46-5460309	Red Lake Ventures, LLC	0	31,515							31,515	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Rothesay Life Plc										0
	27-2977720	Sawgrass Village Shopping Center LLC	(893,280)	(681,720)								(1,575,000)
	20-8856877	Somerset Special Opportunities Fund L.P.	(2,323,093)	0								(2,323,093)
		STOA Holding LLC	(403,180)	0								(403,180)
		Tamiami Citrus, LLC	0	4,801								4,801
	06-1563535	The MassMutual Trust Company, FSB	(5,000,000)									(5,000,000)
	81-5273574	Three PW Office Holding LLC	0	6,777,930								6,777,930
	47-5322979	Timberland Forest Holding LLC	0	(1,073,000)								(1,073,000)
	41-2280129	Tower Square Capital Partners IIIA, L.P.	1,207,723	(7,827,826)								(6,620,103)
	04-1590850	Trailsidem MM Member II LLC	0	1,413,615								1,413,615
	04-1590850	Trailsidem MM Member LLC	0	(2,333,662)								(2,333,662)
	35-2484550	Twenty Two Liberty LLC	(3,025,018)	0								(3,025,018)
	82-3250684	Unna, Dortmund Holding LLC	(427,412)	(564,532)								(991,944)
	45-5401109	Washington Gateway Apartments Venture LLC	(2,352,752)	932,300								(1,420,452)
	32-0574045	Washington Gateway Three LLC	0	11,274,007								11,274,007
	88-3861481	West 37th Street Hotel LLC	(1,651,484)	41,851,484								40,200,000
	9999999	Control Totals	0	0	0	0	0	0	0	XXX	0	0
												0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
SUPPLEMENTAL FILINGS		
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.</u> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>		
MARCH FILING		
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	.....	NO
29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	.....	YES
35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO

APRIL FILING

36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	.....	YES
37. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	.....	NO
39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
40. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....	NO
41. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....	NO
42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	NO
43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	YES
44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	.....	YES
45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	YES
46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO
47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	YES

AUGUST FILING

48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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Explanations:

10. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
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35. The data for this supplement is not required to be filed.
38. The data for this supplement is not required to be filed.
40. The data for this supplement is not required to be filed.
41. The data for this supplement is not required to be filed.
42. The data for this supplement is not required to be filed.
46. The data for this supplement is not required to be filed.

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]

12. Trusteed Surplus Statement [Document Identifier 490]

16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]

17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]

18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]

20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

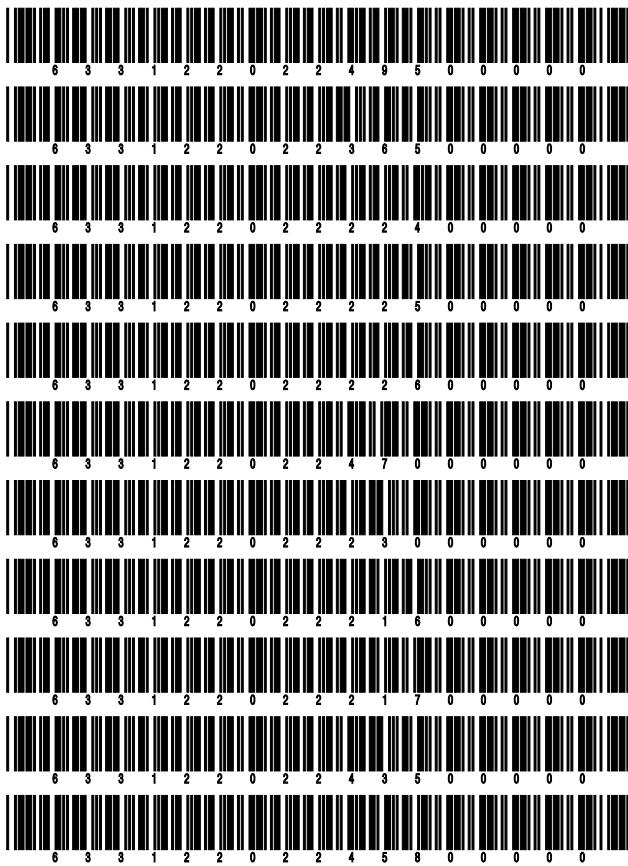
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
30. Medicare Part D Coverage Supplement [Document Identifier 365]
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
33. Relief from the Requirements for Audit Committees [Document Identifier 226]
35. Health Care Receivables Supplement [Document Identifier 470]
38. Credit Insurance Experience Exhibit [Document Identifier 230]
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Funds held as collateral			0	408,306,658
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	408,306,658

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Interest rate swap collateral payable		27,756,100
2597. Summary of remaining write-ins for Line 25 from overflow page	0	27,756,100

Additional Write-ins for Summary of Operations Line 8.3

	1 Current Year	2 Prior Year
08.304. Miscellaneous income	87,840	192,990
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	87,840	192,990

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations - Summary Line 8.3

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 YRT Mortality Risk Only
08.304. Miscellaneous income	87,840	0	0	83,031	4,809	0	0	0	0
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	87,840	0	0	83,031	4,809	0	0	0	0



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....
NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Premiums Earned	Number of Covered Lives	16	17	Number of Premiums Earned
.....YES.....	1MSPD0001	D.	NO.	0034000	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	11,276	1,979	17.5	1	0	0	0.0	
.....YES.....	1MSPF0001	F.	NO.	0034000	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	10,965	10,876	99.2	2	0	0	0.0	
.....YES.....	1MSPG0001	G.	NO.	0034000	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	22,618	30,035	132.8	3	0	0	0.0	
0199999. Total Experience on Individual Policies										44,859	42,890	95.6	6	0	0	0.0	
0																	
0																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034060	12/24/2007		05/31/2010		MEDICARE SUPPLEMENT	4,656	1,029	22.1	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,656	1,029	22.1	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Florida.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPC0001	C.	NO.	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	10,973	8,032	73.2	2	0	0	0.0	0
.....YES.....	1MSPD0001	D.	NO.	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	95,847	75,577	78.9	34	0	0	0.0	0
.....YES.....	1MSPF0001	F.	NO.	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	110,314	117,068	106.1	32	0	0	0.0	0
.....YES.....	1MSPG0001	G.	NO.	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	52,554	31,235	59.4	17	0	0	0.0	0
0199999. Total Experience on Individual Policies										269,688	231,912	86.0	85	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Georgia
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati, OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPD0001	D.	NO.....	0034060	02/25/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	4,218	1,023	24.3	1	0	0	0.0	
.....YES.....	1MSPG0001	G.	NO.....	0034060	02/25/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	8,391	6,979	83.2	2	0	0	0.0	
0199999. Total Experience on Individual Policies										12,609	8,002	63.5	3	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES.....	1MSPF0001	F.....	NO.....	0034060	02/09/2004		05/31/2010		MEDICARE SUPPLEMENT	37,993	14,647	38.6	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										37,993	14,647	38.6	6	0	0	0.0	0
.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Premiums Earned	Number of Covered Lives	16	17	Number of Premiums Earned
.....YES.....	1MSPD0001	D.	NO.	0034000	12/14/2007	.....	05/31/2010	..	MEDICARE SUPPLEMENT ..	40,725	15,049	37.0	10	0	0	0.0
.....YES.....	1MSPF0001	F.	NO.	0034000	12/14/2007	.....	05/31/2010	..	MEDICARE SUPPLEMENT ..	93,437	90,777	97.2	23	0	0	0.0
.....YES.....	1MSPG0001	G.	NO.	0034000	12/14/2007	.....	05/31/2010	..	MEDICARE SUPPLEMENT ..	27,028	5,878	21.7	7	0	0	0.0
0199999. Total Experience on Individual Policies										161,190	111,704	69.3	40	0	0	0.0	
																0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Iowa.....
NAIC Group Code 0435, NAIC Company Code 63312,
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202,
Person Completing This Exhibit,
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022						
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034000	02/24/2004	.....	05/31/2010	..	MEDICARE SUPPLEMENT	99,697	103,331	103.6	20	0	0	0.0	0.0	0
0199999. Total Experience on Individual Policies										99,697	103,331	103.6	20	0	0	0.0	0.0	0	
.....	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name		Amount	Amount	Percent of Premiums Earned		Premiums Earned	Amount	Number of Covered Lives
.....YES.....	1MSPD0001	D.	NO.	0034060	..12/19/2007 ..	.....	..05/31/2010 ..	MEDICARE SUPPLEMENT ..	.....	12	(150)	(1,204.2)	0	0	0	0.0	0
.....YES.....	1MSPF0001	F.	NO.	0034060	..12/19/2007 ..	.....	..05/31/2010 ..	MEDICARE SUPPLEMENT ..	.....	66,775	37,813	56.6	12	0	0	0.0	0
.....YES.....	1MSPG0001	G.	NO.	0034060	..12/19/2007 ..	.....	..05/31/2010 ..	MEDICARE SUPPLEMENT ..	.....	33,714	20,274	60.1	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										100,502	57,938	57.6	18	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
.....YES.....	1MSPB0001	B.	NO.	0034060	02/26/2004		05/31/2010	..	MEDICARE SUPPLEMENT ..	1,968	(85)	(4.3)	0	0	0	0	
.....YES.....	1MSPD0001	D.	NO.	0034060	02/26/2004		05/31/2010	..	MEDICARE SUPPLEMENT ..	7,751	1,533	19.8	2	0	0	0	
.....YES.....	1MSPF0001	F.	NO.	0034060	02/26/2004		05/31/2010	..	MEDICARE SUPPLEMENT ..	168,222	131,269	78.0	28	0	0	0	
.....YES.....	1MSPG0001	G.	NO.	0034060	02/26/2004		05/31/2010	..	MEDICARE SUPPLEMENT ..	20,885	35,753	171.2	4	0	0	0	
0199999. Total Experience on Individual Policies										198,825	168,470	84.7	34	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022		
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims
										12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	
.....
.....
.....
.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034060	..10/22/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	62,110	44,970	72.4	16	0	0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034060	..10/22/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	2,773	295	10.6	0	0	0	0.0	
0199999. Total Experience on Individual Policies										64,883	45,265	69.8	16	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034000	..10/18/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	11,792	6,499	55.1	3	0	0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034000	..10/18/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	3,982	111	2.8	1	0	0	0.0	
0199999. Total Experience on Individual Policies										15,774	6,610	41.9	4	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022						
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
YES	1MSPG0001	G.	NO.	0034000	09/26/2008		05/31/2010		MEDICARE SUPPLEMENT	6,066	19,807	326.5	1	0	0	0.0	0	0.0	0
0199999. Total Experience on Individual Policies										6,066	19,807	326.5	1	0	0	0	0.0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	1MSPD0001	D.	NO.....	0034060	..12/06/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	4,255	370	8.7	1	0	0	0.0	0
.....YES.....	1MSPF0001	F.	NO.....	0034060	..12/06/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	9,830	912	9.3	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										14,085	1,282	9.1	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPC0001	C.	NO.....	0034000	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	14	(535)	(3,758.0)	0	0	0	0.0	0
.....YES.....	1MSPF0001	F.	NO.....	0034060	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	189,605	123,560	65.2	30	0	0	0.0	0
.....YES.....	1MSPG0001	G.	NO.....	0034000	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	54,510	25,002	45.9	10	0	0	0.0	0
0199999. Total Experience on Individual Policies										244,129	148,027	60.6	40	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name		Amount	Amount	Percent of Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	1MSPC0001	C.	NO.	0034000	..01/23/2004 ..		..05/31/2010 ..	MEDICARE SUPPLEMENT ..	6,979	1,225	17.6	1	0	0	0	0.0	0
.....YES.....	1MSPD0001	D.	NO.	0034000	..01/23/2004 ..		..05/31/2010 ..	MEDICARE SUPPLEMENT ..	23,494	3,885	16.5	4	0	0	0	0.0	0
.....YES.....	1MSPF0001	F.	NO.	0034000	..01/23/2004 ..		..05/31/2010 ..	MEDICARE SUPPLEMENT ..	24,689	2,176	8.8	4	0	0	0	0.0	0
.....YES.....	1MSPG0001	G.	NO.	0034000	..01/23/2004 ..		..05/31/2010 ..	MEDICARE SUPPLEMENT ..	6,763	763	11.3	1	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										61,926	8,049	13.0	10	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034000	..04/26/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	79,411	94,141	118.5	14	0	0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034000	..04/26/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	15,763	16,315	103.5	4	0	0	0.0	
0199999. Total Experience on Individual Policies										95,174	110,457	116.1	18	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Oregon.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1MSP0001	F	NO	0034060	01/09/2008		05/31/2010		MEDICARE SUPPLEMENT	22,643	24,976	110.3	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										22,643	24,976	110.3	4	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPD0001	D.	NO.....	0034060	..09/30/2008	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	3,064	1,657	54.1	.1	0	0	0.0	
.....YES.....	1MSPF0001	F.	NO.....	0034060	..09/30/2008	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	6,744	2,418	35.9	.2	0	0	0.0	
0199999. Total Experience on Individual Policies										9,808	4,076	41.6	3	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034000	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	129,193	114,993	89.0	23	0	0.0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034000	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT	145,972	69,592	47.7	29	0	0.0	0.0	
0199999. Total Experience on Individual Policies										275,165	184,584	67.1	52	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034060	..02/13/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	71,511	61,765	86.4	11	0	0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034060	..02/13/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	26,044	26,798	102.9	5	0	0	0.0	
0199999. Total Experience on Individual Policies										97,555	88,563	90.8	16	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Texas.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	1MSPA0001	A.	NO.	0034060	01/09/2004	05/31/2010	05/31/2010	..	MEDICARE SUPPLEMENT ..	6,252	4,318	69.1	2	0	0	0.0	0
.....YES.....	1MSPF0001	F.	NO.	0034000	01/09/2004	.....	05/31/2010	..	MEDICARE SUPPLEMENT ..	93,262	59,451	63.7	14	0	0	0.0	0
.....YES.....	1MSPG0001	G.	NO.	0034000	01/09/2004	.....	05/31/2010	..	MEDICARE SUPPLEMENT ..	33,059	15,201	46.0	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										132,572	78,971	59.6	21	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Utah.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034000	..01/24/2008	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	23,999	22,494	.93.7	.4	.0	.0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034000	..01/24/2008	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	17,385	8,147	.46.9	.4	.0	.0	0.0	
0199999. Total Experience on Individual Policies										41,384	30,641	74.0	8	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	1MSPF0001	F.....	NO.....	0034000	..02/04/2009	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	17,692	7,658	.43.3	3	0	0	0.0	
.....YES.....	1MSPG0001	G.....	NO.....	0034000	..02/04/2009	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT	4,359	31	0.7	0	0	0	0.0	
0199999. Total Experience on Individual Policies										22,051	7,689	34.9	3	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1MSP0001	F	NO	0034000	10/29/2007		05/31/2010		MEDICARE SUPPLEMENT	5,532	1,455	26.3	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,532	1,455	26.3	1	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....

NAIC Group Code 0435

NAIC Company Code 63312

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022						
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
YES	1MSP-WI	0	NO	0034060	03/30/2009		05/31/2010		MEDICARE SUPPLEMENT	71,294	82,304	115.4	14	0	0	0.0	0	0.0	0
0199999. Total Experience on Individual Policies										71,294	82,304	115.4	14	0	0	0.0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

VM-20 Reserves Supplement - Part 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption

For The Year Ended December 31, 2022

(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)
 - 2.1 NAIC Adopted VM []
 - 2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....
- 2.3 State Regulation [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....

2022
.....

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR

For The Year Ended December 31, 2022

(To Be Filed by March 1)

- 1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
- 1B. If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.
.....
- 2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? Yes [] No []
- 2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
.....
3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? Yes [] No []



SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

Of The **MASSMUTUAL ASCEND LIFE INSURANCE COMPANY**
ADDRESS (City, State and Zip Code) **Cincinnati, OH 45202**
NAIC Group Code **0435** NAIC Company Code **63312** Employer's Identification Number (FEIN) **13-1935920**

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2018	2 2019	3 2020	4 2021	5 2022(a)
1. Prior .....	.0	0	0	.0	0
2. 2018					0
3. 2019	XXX				0
4. 2020	XXX	XXX	5	0	
5. 2021	XXX	XXX	XXX	(5)	
6. 2022	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	2,415	4,243	5,563	9,059	7,611
2. 2018	600	2,062	3,231	4,211	4,960
3. 2019	XXX	338	1,423	2,247	2,862
4. 2020	XXX	XXX	294	1,158	1,742
5. 2021	XXX	XXX	XXX	413	1,160
6. 2022	XXX	XXX	XXX	XXX	173

Section C - Credit Accident and Health

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section D -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section E -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section F -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section G -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A

N O N E

Supplement Schedule O - Part 2 Section B

N O N E

Supplement Schedule O - Part 2 Section C

N O N E

Supplement Schedule O - Part 2 Section D

N O N E

Supplement Schedule O - Part 2 Section E

N O N E

Supplement Schedule O - Part 2 Section F

N O N E

Supplement Schedule O - Part 2 Section G

N O N E

SUPPLEMENT FOR THE YEAR 2022 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. 2018	1	0	0	XXX	XXX
2. 2019	XXX	2	0	0	XXX
3. 2020	XXX	XXX	854	0	0
4. 2021	XXX	XXX	XXX	(4)	0
5. 2022	XXX	XXX	XXX	XXX	2

Section B - Other Accident and Health

1. 2018	6,269	6,082	4,352	XXX	XXX
2. 2019	XXX	3,951	4,842	4,279	XXX
3. 2020	XXX	XXX	3,082	2,921	2,548
4. 2021	XXX	XXX	XXX	3,684	2,950
5. 2022	XXX	XXX	XXX	XXX	4,150

Section C - Credit Accident and Health

1. 2018				XXX	XXX
2. 2019	XXX				XXX
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section D -

1. 2018				XXX	XXX
2. 2019	XXX				XXX
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section E -

1. 2018				XXX	XXX
2. 2019	XXX				XXX
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section F -

1. 2018				XXX	XXX
2. 2019	XXX				XXX
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section G -

1. 2018				XXX	XXX
2. 2019	XXX				XXX
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

SCHEDULE O SUPPLEMENT**SUPPLEMENTAL SCHEDULE O - PART 4****Development of Incurred Losses**

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. 2018					
2. 2019	XXX				
3. 2020	XXX	XX			
4. 2021	XXX	XXX	XXX		
5. 2022	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XX	XX	XX		
5. 2022	XX	XX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XX	XX	XX		
5. 2022	XX	XX	XX	XXX	XXX

Section D -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XX	XX	XX		
5. 2022	XX	XX	XX	XXX	XXX

Section E -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XX	XX	XX		
5. 2022	XX	XX	XX	XXX	XXX

Section F -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XX	XX	XX		
5. 2022	XX	XX	XX	XXX	XXX

Section G -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XX	XX	XX		
5. 2022	XX	XX	XX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		0
2. Ordinary Life	Standard Factor	7,827
3. Individual Annuity	Standard Factor	129,244
4. Supplementary Contracts		0
5. Credit Life		0
6. Group Life	Standard Factor	27
7. Group Annuities	Standard Factor	3,069
8. Group Accident and Health	Other	2
9. Credit Accident and Health		0
10. Other Accident and Health	Other	12,694
11. Total		152,863