



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

(Street and Number)

Cincinnati, OH, US 45202

(City or Town, State, Country and Zip Code)

513-361-9000

(Area Code) (Telephone Number)

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

(Street and Number)

Cincinnati, OH, US 45202

(City or Town, State, Country and Zip Code)

513-361-9000

(Area Code) (Telephone Number)

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

Secretary

John Paul Gruber

Treasurer

Brian Patrick Sponaugle #

Appointed Actuary

Isaac Cezar Hall #

OTHER

Donna Marie Carrelli #

Michael Robert Fanning

Michael Harrison Haney

DIRECTORS OR TRUSTEES

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

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

John Paul Gruber

Brian Patrick Sponaugle

President

Secretary

Treasurer

Subscribed and sworn to before me this

February 2023

day of

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

Yes [ X ] No [ ]

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



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

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

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (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

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 .....	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	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

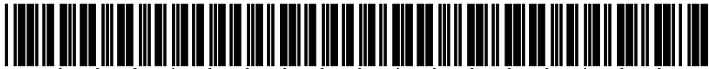
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....								0	0
17.	Incurred during current year .....	0			0	0			0	0
Settled during current year:										
18.1	By payment in full .....	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
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
19.	Unpaid Dec. 31, current year (16+17-18.6) .....	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	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	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	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-cancelable (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
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	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 Arizona

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	194,975	0	0	0	0	0	0	1	194,975
17. Incurred during current year Settled during current year:	16	1,278,833			0	649			16	1,279,482
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	0	649	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	0	649	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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	11,658	11,658		0	129
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) .....	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



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

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

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,065	5,065		0	19
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) .....	5,065	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



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

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

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-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



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

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

DIRECT BUSINESS IN THE STATE OF Colorado

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 .....	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	1	5,583	0	0	1	5,583
17. Incurred during current year Settled during current year:	1	155,400			4	12,311			5	167,711
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	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	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	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-cancelable (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



6 3 3 1 2 2 0 2 2 4 3 0 0 7 1 0 0

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		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	19	835,883			45	277,524			64	1,113,407
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					No. of Policies					
20. In force December 31, prior year .....	667	95,338,852	0	(a) 0	2	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,547	973		0	194
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) .....	1,547	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





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

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

DIRECT BUSINESS IN THE STATE OF Delaware

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 .....	70,403				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	1	264,400
19.	Unpaid Dec. 31, current year (16+17-18.6) .....	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	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	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	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-cancelable (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
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	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 0 9 1 0 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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	0
14. All other benefits, except accident and health .....					0
15. Totals .....	5,896,403	0	25,999	0	5,922,402
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (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



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

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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	38	6,639,521			1	18,415			39	6,657,936
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	2	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	2	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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 .....	1,430,000		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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	13	2,368,400			2	12,313			15	2,380,713
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	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	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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	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-cancelable (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



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

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

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	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	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 .....	64,700		0		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	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	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

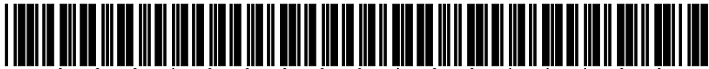
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	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	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	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-cancelable (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

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 .....	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		0		849,810
10. Matured endowments .....	3,226,856		0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	190,818	0	0	0	0	0	0	1	190,818
17. Incurred during current year Settled during current year:	14	4,676,666			0	0			14	4,676,666
18.1 By payment in full .....	12	4,076,666			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	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	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	7	379,100			0	0			7	379,100
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	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	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	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-cancelable (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





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

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		0		121,000
10. Matured endowments .....	23,900		0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	7	194,900			0	0			7	194,900
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	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	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	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	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-cancelable (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



6 3 3 1 2 2 0 2 2 4 3 0 1 7 1 0 0

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

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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 .....	253,041		0		253,041
10. Matured endowments .....	112,800		0		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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	2	54,307	0	0	0	0	0	0	2	54,307
17. Incurred during current year Settled during current year:	6	511,534			0	0			6	511,534
18.1 By payment in full .....	7	365,841			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	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	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	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-cancelable (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

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		0		962,524
10. Matured endowments .....	68,600		0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	0	0	4	1,031,124
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 .....	256	60,299,605	0	(a) 0	0	3,973	0	0	256	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	208	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	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) .....	613	1,468		2,268	3,273
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) .....	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



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

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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 .....	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
14. All other benefits, except accident and health .....					0
15. Totals .....	148,175,864	0	668,572	0	148,844,436
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	2	309,780			31	157,380			33	467,160
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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	(113)	(95)		2	(709)
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) .....	(113)	(95)	0	2	(709)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	(113)	(95)	0	2	(709)

(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 Maine

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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						No. of Policies				
20. In force December 31, prior year .....	167	26,511,186	0	(a) 0	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)	(4,581,593)				395			(26)	(4,581,198)
23. In force December 31 of current year .....	141	21,939,593	0	(a) 0	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	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-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



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

DIRECT BUSINESS IN THE STATE OF Maryland

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 .....	582,250				582,250
2.	Annuity considerations .....	114,414,700		0		114,414,700
3.	Deposit-type contract funds .....	38,806	XXX		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		0		581,273
10.	Matured endowments .....	1,135,301		0		1,135,301
11.	Annuity benefits .....	14,635,711		725,796		15,361,507
12.	Surrender values and withdrawals for life contracts ..	59,867,406		157,004		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	440,273	0	0	0	0	0	0	4	440,273
17.	Incurred during current year Settled during current year:	1,628,301			0	0			9	1,628,301
18.1	By payment in full .....	1,716,574			0	0			10	1,716,574
18.2	By payment on compromised claims .....								0	0
18.3	Totals paid .....	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 .....	1,716,574	0	0	0	0	0	0	10	1,716,574
19.	Unpaid Dec. 31, current year (16+17-18.6) .....	352,000	0	0	0	0	0	0	3	352,000
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year .....	184,340,795	0	(a) 0	0	2,814	0	0	775	184,343,609
21.	Issued during year .....	15,000							1	15,000
22.	Other changes to in force (Net) .....	(28,142,007)				28			(95)	(28,141,979)
23.	In force December 31 of current year .....	156,213,788	0	(a) 0	0	2,842	0	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	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-cancelable (b) .....				
25.2	Guaranteed renewable (b) .....	10,133	10,133	0	166
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) .....	10,133	10,133	0	166
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,133	10,133	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



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year Settled during current year:	7	1,211,732			10	62,896			17	1,274,628
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	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	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	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-cancelable (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

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

DIRECT BUSINESS IN THE STATE OF Michigan

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 .....	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		0		198,517
10. Matured endowments .....	83,800		0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	2	15,708	0	0	0	0	0	0	2	15,708
17. Incurred during current year Settled during current year:	6	272,317			0	0			6	272,317
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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	3,101	3,101		427	485
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) .....	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





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

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	15	1,098,081			0	0			15	1,098,081
18.1 By payment in full .....	15	1,098,081			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	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	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	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) .....	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-cancelable (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



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		0		725,000
10. Matured endowments .....	21,400		0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	50,000	0	0	0	0	0	0	1	50,000
17. Incurred during current year Settled during current year:	3	696,400			0	0			3	696,400
18.1 By payment in full .....	4	746,400			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	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	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	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	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	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-cancelable (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



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

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

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	5	496,400			1	6,318			6	502,718
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	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	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	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) .....	1,320	1,320		0	149
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) .....	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

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	250,000	0	0	0	0	0	0	1	250,000
17. Incurred during current year Settled during current year:	2	378,662			0	0			2	378,662
18.1 By payment in full .....	2	563,100			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	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF Nevada

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 .....	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	12,794	12,791		22,725	23,536
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) .....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	134,600			0	0			2	134,600
18.1 By payment in full .....	1	134,500			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	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	0	1	134,500
19. Unpaid Dec. 31, current year (16+17-18.6) .....	1	100	0	0	0	0	0	0	1	100
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	113	20,333,446	0	(a) 0	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	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	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-cancelable (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



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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	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 .....	2,641,000		0		2,641,000
10. Matured endowments .....	0		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	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	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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	300,000	0	0	0	0	0	0	1	300,000
17. Incurred during current year Settled during current year:	10	4,046,000			0	0			10	4,046,000
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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,662	7,396		1,609	(2,511)
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) .....	5,662	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	89,600
Settled during current year:										
18.1 By payment in full .....	1	99,600			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	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	0	1	99,600
19. Unpaid Dec. 31, current year (16+17-18.6) .....	1	620	0	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	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	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	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	2	30,000	0	0	0	0	0	0	2	30,000
17. Incurred during current year Settled during current year:	4	303,209			0	0			4	303,209
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	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	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	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-cancelable (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



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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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	89	1,626,421			1	12,582			90	1,639,003
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	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	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	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) .....	1,267	1,267		0	143
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) .....	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 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 North Dakota

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (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 Ohio

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		0		977,823
10. Matured endowments .....	266,199		0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	1	258	0	0	1	258
17. Incurred during current year Settled during current year:	15	1,360,022			0	0			15	1,360,022
18.1 By payment in full .....	12	1,244,022			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	287	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)				0			(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	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) .....	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-cancelable (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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (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



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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	2	3	4	5
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year .....	2030,674	00	00	00	00	00	00	20	30,674
17.	Incurred during current year Settled during current year:	240816,311			021,944				240	838,255
18.1	By payment in full .....	237813,145			021,944				237	835,089
18.2	By payment on compromised claims .....								0	0
18.3	Totals paid .....	237813,145	00	00	021,944	00	00	00	237	835,089
18.4	Reduction by compromise .....								0	0
18.5	Amount rejected .....								0	0
18.6	Total settlements .....	237813,145	00	00	021,944	00	00	00	237	835,089
19.	Unpaid Dec. 31, current year (16+17-18.6) .....	2333,840	00	00	00	00	00	00	23	33,840
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year .....	3,09337,492,568	0(a)	00	014,694	00	00	00	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 .....	2,80828,520,500	0(a)	00	014,841	00	00	00	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		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-cancelable (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	72,509	48,620
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	81,302	89,662	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



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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		0		1,330,000
10. Matured endowments .....	359,090		0		359,090
11. Annuity benefits .....	55,255,622		4,004,050		59,259,672
12. Surrender values and withdrawals for life contracts ..	229,638,333		190,264		229,828,597
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 .....	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	5	350,999	0	0	0	0	0	0	5	350,999
17. Incurred during current year Settled during current year:	14	1,441,090			0	0			14	1,441,090
18.1 By payment in full .....	16	1,689,090			0	0			16	1,689,090
18.2 By payment on compromised claims .....									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
18.5 Amount rejected .....									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					No. of Policies					
20. In force December 31, prior year .....	1,361	305,601,587	0	(a) 0	0	25,860	0	0	1,361	305,627,447
21. Issued during year .....	1	45,000							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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	11,965	14,744		3,745	4,039
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) .....	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





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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	132,600			0	0			1	132,600
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	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	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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			12	645,813
Settled during current year:										
18.1 By payment in full .....	12	645,813			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	0	12	645,813
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	12	645,813	0	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	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	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	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-cancelable (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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	25	1,335		8,987	(38,349)
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) .....	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



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	9	1,105,703			69	433,871			78	1,539,574
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	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	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	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-cancelable (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



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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

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	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		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		0		4,053,844
10. Matured endowments .....	3,169,800		0		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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	9	573,583	0	0	0	0	0	0	9	573,583
17. Incurred during current year Settled during current year:	30	7,710,148			0	0			30	7,710,148
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	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	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	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	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) .....	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



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF Vermont

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 .....	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		0		16,783
10. Matured endowments .....	0		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	5	459,110	0	0	0	0	0	0	5	459,110
17. Incurred during current year Settled during current year:	16	2,512,964			1	10,185			17	2,523,149
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	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	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	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) .....	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-cancelable (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

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	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		0		560,873
10. Matured endowments .....	22,463		0		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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	4	307,488	0	0	0	0	0	0	4	307,488
17. Incurred during current year Settled during current year:	12	283,190			0	63			12	283,253
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	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	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	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	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	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-cancelable (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



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

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

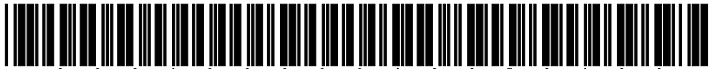
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	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	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	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-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,580	5,574		1,312	1,461
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) .....	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



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

DIRECT BUSINESS IN THE STATE OF Wisconsin

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 .....	211,883				211,883
2. Annuity considerations .....	130,536,675		6,121		130,542,796
3. Deposit-type contract funds .....	395,819	XXX		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
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 .....	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
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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year .....	9	534,500			0	0			9	534,500
Settled during current year:										
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	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	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	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) .....	57,030	62,517		29,590	(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-cancelable (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

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	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		XXX	0
4. Other considerations .....					0
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	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 .....	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	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	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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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
18.3 Totals paid .....	1	27,239	0	0	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	0	0	1	27,239
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	6,950,040	0	(a) 0	0	0	0	0	32	6,950,040
21. Issued during year .....									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	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-cancelable (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 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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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-cancelable (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 Guam

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	3	283,150	0	0	0	0	0	0	3	283,150
17. Incurred during current year Settled during current year:	1	166,346			0	0			1	166,346
18.1 By payment in full .....	3	299,496			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	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	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	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-cancelable (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 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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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
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	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	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	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-cancelable (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 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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 .....	4	1,525,000	0	(a) 0	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	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	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-cancelable (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 Northern Mariana 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 .....					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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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-cancelable (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 Canada

DURING THE YEAR 2022

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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	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-cancelable (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



6 3 3 1 2 2 0 2 2 4 3 0 5 8 1 0 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
6.2 Applied to pay renewal premiums .....	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
6.4 Other .....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	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	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
14. All other benefits, except accident and health .....	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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	6,100	0	0	0	0	0	0	0	6,100
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  
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) .....	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 Other Individual Policies:	0	0	0	0	0
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 .



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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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
6.2 Applied to pay renewal premiums .....	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
6.4 Other .....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	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 .....	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
14. All other benefits, except accident and health .....	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
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	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	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 Settled during current year:	732	62,846,359	0	0	192	1,160,222	0	0	924	64,006,581
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-cancelable (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 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

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

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	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
	1	2	3	4	5	6	
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
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	0
14. Voluntary contribution .....			0	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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	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	XXX	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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		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



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

Line Num- ber	NAIC Desig- nation	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)
		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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
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
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.	1	Highest Quality .....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality .....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality .....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality .....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality .....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	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	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

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public .....		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private .....	774,249,650	XXX	XXX	774,249,650	0.0000	0	0.1945	150,591,557	0.1945	150,591,557
67.		Affiliated Life with AVR .....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other .....	9,354,140	XXX	XXX	9,354,140	0.0000	0	0.1945	1,819,380	0.1945	1,819,380
70.		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	152,410,937
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account only) .....				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties .....	84,369,232		15,328,326	99,697,558	0.0000	0	0.0912	9,092,417	0.0912	9,092,417
73.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	84,369,232	0	15,328,326	99,697,558	XXX	0	XXX	9,092,417	XXX	9,092,417
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit .....	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
		RESIDUAL TRANCHES 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	11,625,205
82.		Fixed Income Instruments - Affiliated .....	11,783,839	XXX	XXX	11,783,839	0.0000	0	0.1580	1,861,847	0.1580	1,861,847
83.		Common Stock - Unaffiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Common Stock - Affiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred Stock - Unaffiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Preferred Stock - Affiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
87.		Real Estate - Unaffiliated .....	0			0	0.0000	0	0.1580	0	0.1580	0
88.		Real Estate - Affiliated .....	0			0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage Loans - Unaffiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Mortgage Loans - Affiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - Unaffiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Other - Affiliated .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
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	13,487,051
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0042	0	0.0042	0
95.		NAIC 2 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0137	0	0.0137	0
96.		Other Invested Assets - Schedule BA .....	92,448,357	XXX		92,448,357	0.0000	0	0.1580	14,606,840	0.1580	14,606,840
97.		Other Short-Term Invested Assets - Schedule DA .....		XXX		0	0.0000	0	0.1580	0	0.1580	0
98.		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	14,606,840
99.		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	193,446,284

(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
2. Premiums earned .....	3,240,047	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
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
8. Other general insurance expenses .....	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
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
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. ....														
1102. ....														
1103. ....														
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
2. Premiums earned .....		XXX		XXX		XXX		XXX	3,240,047	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
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	569,762	17.6		0.0
8. Other general insurance expenses .....		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
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
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. ....												
1102. ....												
1103. ....												
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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	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.....	.....2,445,530.....	.....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

## SCHEDULE S - PART 1 - SECTION 2

[illegible]

## 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

[illegible]

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	10		12	13		
								Current Year	Prior Year		Current Year	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	Hannover 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	Hannover Life Reassurance Company of America .....	FL.....	..CO/I.....	..XXXL.....	..837,500	..15,319	..14,394					
..88340	..59-2859797	..12/31/2002	Hannover 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	Hannover 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.....	..40,709,707	..534,400	..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	Hannover 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	Hannover 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				
..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	..09/01/1996	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	..09/01/1996	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
..00000	..AA-3191494	..02/01/2022	Martello Re Limited .....	BMU.....	..COFII/I.....	..FA.....		..3,178,492,609		..3,740,232,867	..82,675,506			
..00000	..AA-3191494	..02/01/2022	Martello Re Limited .....	BMU.....	..COFII/I.....	..IA.....		..9,238,099,413		..10,491,687,584	..234,485,734			
..00000	..AA-3191494	..02/01/2022	Martello Re Limited .....	BMU.....	..COFII/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
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
1899999.	Total General Account - Unauthorized Affiliates						0	12,535,076,120	0	14,231,920,451	317,161,240	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
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	10		12	13		
								Current Year	Prior Year		Current Year	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 Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	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 6

Five 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

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

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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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		

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

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	35,776,43
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 Location	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)	*
. 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 .....	.....	.....

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**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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.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	13-1935920				MassMutual Ascend Life Insurance Company	..OH.....	..RE.....	Glidepath Holdings Inc.	Ownership.....	100.000	MMLIC		
.0000			31-1422717				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			31-1395344				MM ASCEND LIFE INVESTOR SERVICES, LLC	..OH.....	..NIA.....	MassMutual Ascend Life Insurance Company	Ownership.....	100.000	MMLIC		
.0000			26-3260520				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.....	100.000	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 LLC	Ownership.....	100.000	MMLIC		
.0000							JFIN Business Credit Fund I LLC	..DE.....	..NIA.....	Jefferies Finance Business Credit LLC	Ownership.....	100.000	MMLIC		

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.0000							JFIN Funding 2021 LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN High Yield Investments LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN LC Fund LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							Beauty Brands Acquisition Holdings LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							Beauty Brands Acquisition LLC .....	..DE.....	NIA.....	Beauty Brands Acquisition Holdings LLC ....	Ownership.....	100.000	MMLIC .....		
.0000							Beauty Brands Acquisition Intermediate LLC .....	..DE.....	NIA.....	Beauty Brands Acquisition LLC .....	Ownership.....	100.000	MMLIC .....		
							Beauty Brands Acquisition Intermediate LLC .....			Beauty Brands Acquisition Intermediate LLC .....					
.0000							FB Acquisition LLC .....	..DE.....	NIA.....		Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2017 Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2017-III Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2017-III Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2018 Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2019 Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2019-III Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2020 Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2021-III Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2021-V Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2022-III Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2022-III Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver CLO 2022-IV Ltd. ....	..CYM.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver Fund, L.P. ....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	90.000	MMLIC .....		
.0000							JFIN Revolver Funding 2021 Ltd. ....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver Funding 2021 III Ltd. ....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver Funding 2021 IV Ltd. ....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver Funding 2022-I Ltd. ....	..BMJ.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver SPE1 2022 LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver SPE3 2022 LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN Revolver SPE4 2022 LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							SFL Parkway Funding 2022 LLC .....	..DE.....	NIA.....	Jefferies Finance LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							Apex Credit Holdings LLC .....	..DE.....	NIA.....	JFIN Parent LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2012 Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2013 Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2014 Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2014-III Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2015 Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2015-III Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	85.000	MMLIC .....		
.0000							JFIN CLO 2016 Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2017 Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							JFIN CLO 2017-III Ltd. ....	..CYM.....	NIA.....	Apex Credit Partners LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							Tomorrow Parent, LLC .....	..DE.....	NIA.....	JFIN Parent LLC .....	Ownership.....	100.000	MMLIC .....		
.0000							Custom Ecology Holdco, LLC .....	..DE.....	NIA.....	JFIN Parent LLC .....	Ownership.....	100.000	MMLIC .....		
							Massachusetts Mutual Life Insurance Company .....			Massachusetts Mutual Life Insurance Company .....					
.0000			04-1590850				MM Copper Hill Road LLC .....	..DE.....	NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership.....	100.000	MMLIC .....		
.0000							MM Direct Private Investments Holding LLC ....	..DE.....	NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership.....	100.000	MMLIC .....		
.0000							MM Direct Private Investments UK Limited ....	..GBR.....	NIA.....	MM Direct Private Investments Holding LLC .....	Ownership.....	100.000	MMLIC .....		
							Massachusetts Mutual Life Insurance Company .....			Massachusetts Mutual Life Insurance Company .....					
.0000							DPI-ACRES Capital LLC .....	..DE.....	NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership.....	100.000	MMLIC .....		
.0000							MM Investment Holding .....	..CYM.....	NIA.....	Massachusetts Mutual Life Insurance Company .....	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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.0000							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							Massachusetts Mutual Life Insurance Company	..DE	..NIA	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							Massachusetts Mutual Life Insurance Company	..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				Massachusetts Mutual Life Insurance Company	..DE	..NIA	Massachusetts Mutual Life Insurance Company	Ownership	..100.000	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	..DE	..NIA	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				Massachusetts Mutual Life Insurance Company	..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		

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			04-1590850				MassMutual Capital Partners LLC	..DE	.....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							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 Mortgages 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							Rothesay Pensions Management Limited	..GBR	.....NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management UK Limited	..GBR	.....NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							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			47-1466022				LifeScore Labs, LLC	..MA	.....NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			45-4000072				MM Asset Management Holding LLC	..MA	.....NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Investors Services, LLC	..MA	.....NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Insurance Agency, LLC	..MA	.....NIA	MML Investors Services, LLC	Ownership	100.000	MMLIC		
.0000			41-2011634				MMLISI Financial Alliances, LLC	..DE	.....NIA	MML Investors Services, LLC	Ownership	100.000	MMLIC		
.0000			51-0504477				Barings LLC	..DE	.....NIA	MassMutual Asset Management Holding LLC	Ownership	100.000	MMLIC		
.0000			98-0524271				Baring Asset Management (Asia) Holdings Limited	..HKG	.....NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			98-0457465				Baring International Fund Managers (Bermuda) Limited	..BMU	.....NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0457463				Baring Asset Management (Asia) Limited	..HKG	.....NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Baring Asset Management Korea Limited	..KOR	.....NIA	Baring Asset Management (Asia) Limited	Ownership	100.000	MMLIC		



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

**SCHEDULE Y**

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.0000							Barings Investment Management (Shanghai) Limited	.HKG	NIA	Baring Asset Management (Asia) Limited	Ownership	100.000	MMLIC		
.0000							Barings Overseas Investment Fund Management (Shanghai) Limited	.HKG	NIA	Barings Investment Management (Shanghai) Limited	Ownership	100.000	MMLIC		
.0000			98-0457707				Baring SICE (Taiwan) Limited	.TWN	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Barings Singapore Pte. Ltd.	.SGP	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0236449				Barings Japan Limited	.JPN	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Barings Australia Holding Company Pty Ltd	.AUS	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Barings Australia Pty Ltd	.AUS	NIA	Barings Australia Holding Company Pty Ltd	Ownership	100.000	MMLIC		
.0000							Barings Australia Real Estate Holdings Pty Ltd	.AUS	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			14-0045656				Barings Australia Real Estate Pty Ltd	.AUS	NIA	Barings Australia Real Estate Holdings Pty Ltd	Ownership	100.000	MMLIC		
.0000			98-0457456				Altis Property Partners Holdings Pty Ltd	.AUS	NIA	Barings Australia Real Estate Pty Ltd	Ownership	100.000	MMLIC		
.0000							Altis Asset Management Pty Ltd	.AUS	NIA	Altis Property Partners Holdings Pty Ltd	Ownership	100.000	MMLIC		
.0000							Altis Property Partners Pty Ltd	.AUS	NIA	Altis Property Partners Holdings Pty Ltd	Ownership	100.000	MMLIC		
.0000			80-0875475				Barings Finance LLC	.DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BCF Europe Funding Limited	.IRL	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
.0000							BCF Senior Funding I LLC	.DE	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
.0000							BCF Senior Funding I Designated Activity Company	.IRL	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
.0000							Barings Real Estate Acquisitions LLC	.DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			04-3238351				Barings Securities LLC	.DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			98-0437588				Barings Guernsey Limited	.GGY	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Europe Limited	.GBR	NIA	Barings Guernsey Limited	Ownership	100.000	MMLIC		
.0000							Barings Asset Management Spain SL	.ESP	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Baring France SAS	.FRA	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Baring International Fund Managers (Ireland) Limited	.IRL	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings GmbH	.DEU	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Italy S.r.l.	.ITA	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Sweden AB	.SWE	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Netherlands B.V.	.NLD	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000			98-0432153				Barings (U.K.) Limited	.GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Switzerland Sarl	.CHE	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000			98-0241935				Baring Asset Management Limited	.GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings European Direct Lending 1 GP LLP	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
.0000			98-0457328				Baring International Investment Limited	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
.0000							Baring International Investment Management Holdings	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
.0000			98-0457587							Baring International Investment Management Holdings	Ownership	100.000	MMLIC		
.0000			98-0457576				Baring Asset Management UK Holdings Limited	.GBR	NIA	Holdings	Ownership	100.000	MMLIC		
.0000			98-0457586				Baring Fund Managers Limited	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
.0000							BCGSS 2 GP LLP	.GBR	NIA	Baring Fund Managers Limited	Ownership	100.000	MMLIC		
.0000			98-0457578				Baring Investment Services Limited	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
.0000							Barings Core Fund Feeder I GP S.à.r.l.	.LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
.0000							Barings BME GP S.à.r.l.	.GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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 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.) Management LLC	..DE	.....NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				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.	..CYM	.....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.	..CYM	.....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		

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							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			61-1902329				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			85-3036663				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			36-4868350				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							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	..LUX	.....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		

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 ...	.....	.....	98-1206017 ..	.....	.....	.....	Babson Capital Global Special Situation Credit Fund 2 .....	.. DE.....	..... NIA.....	Barings LLC .....	Management.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	37-1506417 ..	.....	.....	.....	Babson Capital Loan Strategies Fund, L.P. ...	.. DE.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	..75.700 ...	MM LIC .....	.....	.....
. 0000 ...	.....	.....	37-1506417 ..	.....	.....	.....	Babson Capital Loan Strategies Fund, L.P. ...	.. DE.....	..... NIA.....	C.M. Life Insurance Company .....	Ownership.....	3.800 .....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	37-1506417 ..	.....	.....	.....	Babson Capital Loan Strategies Fund, L.P. ...	.. DE.....	..... NIA.....	Barings LLC .....	Management.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings US High Yield Bond Fund .....	.. IRL.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	..54.600 ...	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings US High Yield Bond Fund .....	.. IRL.....	..... NIA.....	Barings LLC .....	Management.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson CLO Ltd. 2013-I .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	2 .....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson CLO Ltd. 2015-I .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	3 .....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson CLO Ltd. 2015-II .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	4 .....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson CLO Ltd. 2016-I .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson CLO Ltd. 2016-II .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO Ltd. 2017-I .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2018-III .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	98-1473665 ..	.....	.....	.....	Barings CLO 2018-IV .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2019-II .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2019-III .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2019-IV .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2020-I .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2020-II .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2020-III .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2020-IV .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2021-I .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2021-II .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2021-III .....	.. CYM.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	98-1624360 ..	.....	.....	.....	Barings CLO 2022-I .....	.. CYM.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings CLO 2022-II .....	.. CYM.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson Euro CLO 2014-I BV .....	.. NLD.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson Euro CLO 2014-II BV .....	.. NLD.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Babson Euro CLO 2015-I BV .....	.. NLD.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	36-037260H ..	.....	.....	.....	Barings Euro CLO 2019-I BV .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro CLO 2019-II BV .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro CLO 2020-I DAC .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	37-15576VH ..	.....	.....	.....	Barings Euro CLO 2021-I DAC .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro CLO 2021-II DAC .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro CLO 2021-III DAC .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro CLO 2022-I DAC .....	.. IRL.....	..... NIA.....	Barings LLC .....	Influence.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	81-0841854 ..	.....	.....	.....	Barings CLO Investment Partners LP .....	.. DE.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	..98.500 ...	MM LIC .....	.....	.....
. 0000 ...	.....	.....	81-0841854 ..	.....	.....	.....	Barings CLO Investment Partners LP .....	.. DE.....	..... NIA.....	Barings LLC .....	Management.....	.....	MM LIC .....	.....	.....
. 0000 ...	.....	.....	88-3792609 ..	.....	.....	.....	Barings Centre Street CLO Equity Partnership LP .....	.. DE.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	..23.900 ...	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro Value Add II (BREEVA II) .....	.. LUX.....	..... NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	..29.700 ...	MM LIC .....	.....	.....
. 0000 ...	.....	.....	.....	.....	.....	.....	Barings Euro Value Add II (BREEVA II) .....	.. LUX.....	..... NIA.....	C.M. Life Insurance Company .....	Ownership.....	2.600 .....	MM LIC .....	.....	.....

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

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 Location	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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000			98-1332384				Barings RE Credit Strategies VII LP	..DE	.....NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	..33.600	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	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	Massachusetts Mutual Life Insurance 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	Massachusetts Mutual Life Insurance 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	Massachusetts Mutual Life Insurance 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-C5	..NY	.....NIA	Barings LLC	Influence		MMLIC		
.0000			04-1590850				Miami Douglas Two GP LLC	..DE	.....NIA	Massachusetts Mutual Life Insurance Company	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		

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**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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. 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.....	..0.800 .....	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.....	Company .....	Ownership/Influence .....	..100.000 .....	MMLIC .....		
. 0000 ...			81-3000420 ..				MM Debt Participations LLC .....	.. DE.....	.. NIA.....	Barings LLC .....	Management.....		MMLIC .....		
. 0000 ...			20-8856877 ..				Somerset Special Opportunities Fund L.P. ....	.. DE.....	.. NIA.....	Massachusetts Mutual Life Insurance Company .....	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.....	Massachusetts Mutual Life Insurance Company .....	Ownership/Influence .....	..100.000 .....	MMLIC .....		
. 0000 ...			41-2280129 ..				Tower Square Capital Partners IIIA, L.P. ....	.. DE.....	.. NIA.....	Barings LLC .....	Management.....		MMLIC .....		
. 0000 ...			04-1590850 ..				Trailside MM Member LLC .....	.. DE.....	.. NIA.....	Massachusetts Mutual Life Insurance Company .....	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.....	Massachusetts Mutual Life Insurance Company .....	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 ...							Babson Capital Loan Strategies Master Fund LP .....	.. CYM.....	.. NIA.....	Barings LLC .....	Management.....		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 ...			47-3790192 ..				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.....	..0.980 .....	MMLIC .....		
. 0000 ...			04-1590850 ..				Wood Creek Venture Fund LLC .....	.. DE.....	.. NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership.....	..40.000 .....	MMLIC .....		



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**SCHEDULE Y**

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. 0000 ...	.....	.....	.....	.....	.....	.....	Barings California Mortgage Fund IV .....	.. CA.....	.....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 LLC .....	.. DE.....	.....NIA.....	Massachusetts Mutual Life Insurance Company .....	Ownership.....	..94.990 .....	MMLIC .....	.....	.....

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.0000			80-0948028				One Harbor Shore LLC	..DE	.....NIA	C.M. Life Insurance Company Massachusetts Mutual Life Insurance Company	Ownership	..6.000	MMLIC		
.0000			04-1590850				PACO France Logistics LLC Salomon Brothers Commercial Mortgage Trust 2001-MM	..DE	.....NIA	Barings Real Estate Advisers LLC Massachusetts Mutual Life Insurance Company	Ownership	..100.000	MMLIC		
.0000								..DE	.....NIA	Massachusetts Mutual Life Insurance Company	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 Massachusetts Mutual Life Insurance Company	Ownership	..4.800	MMLIC		
.0000			51-0529328				MassMutual Premier Main Street Fund MassMutual Premier Strategic Emerging Markets Fund	..MA	.....NIA	Massachusetts Mutual Life Insurance Company	Ownership	..89.110	MMLIC		
.0000			26-3229251					..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

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	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 ...	.....	.....	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	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)	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	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	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)	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	04-1590850	MassMutual Private Equity Funds LLC	0	(61,557,808)							(61,557,808)	
	03-0532464	MassMutual RetireSMART In Retirement Fund										
			(26,131)								(26,131)	
	01-0821120	MassMutual Select Diversified Value Fund	(12,691)								(12,691)	
	04-3512593	MassMutual Select Fundamental Growth Fund										
			(136,422)								(136,422)	
	42-1710935	MassMutual Select Mid-Cap Value Fund	(137,855)								(137,855)	
	04-3584140	MassMutual Select Small Company Value Fund	(21,479)								(21,479)	
	82-3347422	MassMutual Select T. Rowe Price Retirement 2005 Fund	(3,363)								(3,363)	
	82-3439837	MassMutual Select T. Rowe Price Retirement 2035 Fund	(23,305)								(23,305)	
	82-3472295	MassMutual Select T. Rowe Price Retirement 2045 Fund	(28,176)								(28,176)	
	82-3502011	MassMutual Select T. Rowe Price Retirement 2055 Fund	(269,342)								(269,342)	
	82-3525148	MassMutual Select T. Rowe Price Retirement 2060 Fund	(2,842,371)								(2,842,371)	
	04-1590850	Miami Douglas Three MM LLC	0	921,729							921,729	
	04-1590850	MM 1400 E 4th Street Member LLC	0	16,160,025							16,160,025	
	87-4021641	MM BIG Peninsula Co-Invest Member LLC	0	(63,262,654)							(63,262,654)	
	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	MM Copper Hill Road LLC	0	2,925,552							2,925,552	
	81-3000420	MM Debt Participations LLC	0	200,000							200,000	
	04-1590850	MM Direct Private Investment Holding	0	6,260,000							6,260,000	
	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	MM Horizon Savannah Member LLC	0	17,008,704							17,008,704	
		MM Investment Holding			68,232,840						68,232,840	
	04-1590850	MM National Self-Storage Program Member LLC	(30,173)	84,139,244							84,109,071	
	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	MML Private Equity Fund Investor LLC	(32,952,546)	(12,352,485)							(45,305,031)	
	47-3517233	MML Series II Asset Momentum Fund	(379,749)								(379,749)	
	47-3544629	MML Series II Equity Rotation Fund	(5,090,592)								(5,090,592)	
	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	New Haven Holdco LLC	0	35,000,000							35,000,000	
	85-3886824	NYDIG Digital Assets Fund II LP	(885,338)	9,880,982							8,995,644	
	80-0948028	One Harbor Shore LLC	0	992,866							992,866	
	04-1590850	PACO France Logistics LLC	0	(432,805)							(432,805)	
	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Rothsay Life Plc .....									0	16,321,617
	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	Trailside MM Member II LLC .....	0	1,413,615							1,413,615	
	04-1590850	Trailside 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	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**

[illegible]



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

The following supplemental reports are required to be filed as part of your annual statement filing 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. 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.

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

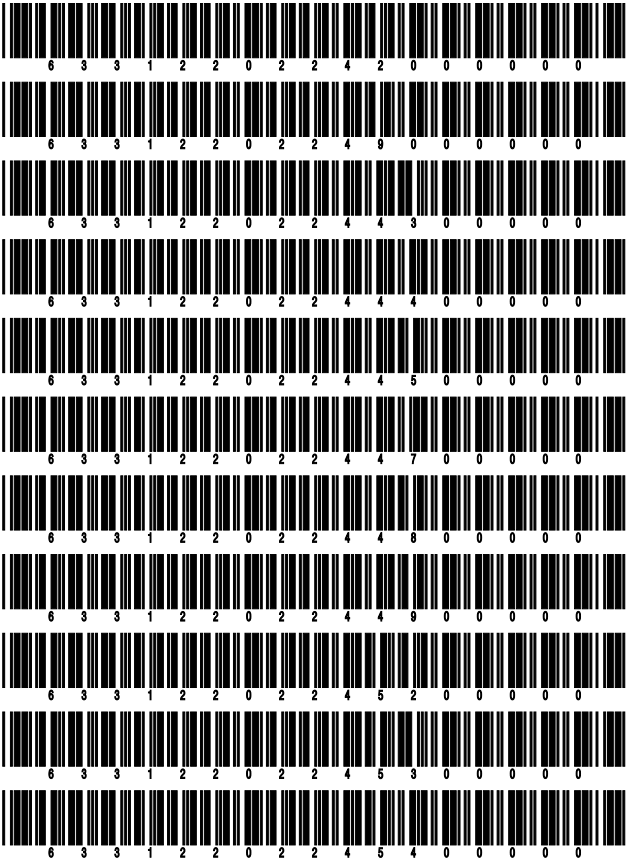
36.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? .....	YES
37.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	YES
38.	Will 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
-----	--	-----

- 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.
  - 21. The data for this supplement is not required to be filed.
  - 22. The data for this supplement is not required to be filed.
  - 25. The data for this supplement is not required to be filed.
  - 26. The data for this supplement is not required to be filed.
  - 27. The data for this supplement is not required to be filed.
  - 28. The data for this supplement is not required to be filed.
  - 30. The data for this supplement is not required to be filed.
  - 31. The data for this supplement is not required to be filed.
  - 32. The data for this supplement is not required to be filed.
  - 33. The data for this supplement is not required to be filed.
  - 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]



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	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	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	2
		Current Year	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	2
		Current Year	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	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
08.304. Miscellaneous income .....	87,840			83,031	4,809				
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  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		18  Number of Covered Lives
											12  Amount	13 Percent of Premiums Earned			16  Amount	17 Percent 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 .....	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 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										44,859	42,890	95.6	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 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  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		18  Number of Covered Lives
											12  Amount	13 Percent of Premiums Earned			16  Amount	17 Percent of Premiums Earned	
.....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
											12	13			16	17	
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

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 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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPD0001 .....	D.....	NO.....	0034060 .....	02/25/2004 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	4,218 .....	1,023 .....	24.3 .....	1 .....	0 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										12,609	8,002	63.5	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 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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
.....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
											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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	1MSPD0001 .....	D.....	NO.....	0034000 .....	12/14/2007 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	40,725 .....	15,049 .....	37.0 .....	10 .....	0 .....	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 .....	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 .....	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
											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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	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
0199999. Total Experience on Individual Policies										99,697	103,331	103.6	20	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  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		18  Number of Covered Lives
											12  Amount	13  Percent of Premiums Earned			16  Amount	17  Percent of Premiums Earned	
.....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
											12	13			16	17	
YES.....	1MSPB0001 .....	B.....	NO.....	0034060 .....	02/26/2004 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	1,968 .....	(85) .....	(4.3) .....	0 .....	0 .....	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 .....	0.0 .....	0 .....
YES.....	1MSPF0001 .....	F.....	NO.....	0034060 .....	02/26/2004 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	168,222 .....	131,269 .....	78.0 .....	28 .....	0 .....	0 .....	0.0 .....	0 .....
YES.....	1MSPG0001 .....	G.....	NO.....	0034060 .....	02/26/2004 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	20,885 .....	35,753 .....	171.2 .....	4 .....	0 .....	0 .....	0.0 .....	0 .....
0199999. Total Experience on Individual Policies										198,825	168,470	84.7	34	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 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		18  Number of Covered Lives
											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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPF0001 .....	F.....	NO.....	0034060 .....	10/22/2007 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	62,110 .....	44,970 .....	72.4 .....	16 .....	0 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										64,883	45,265	69.8	16	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 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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPF0001 .....	F.....	NO.....	0034000 .....	10/18/2007 ..			05/31/2010 ..	MEDICARE SUPPLEMENT .....	11,792	6,499	55.1	3	0	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	0
0199999. Total Experience on Individual Policies										15,774	6,610	41.9	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 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  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		18  Number of Covered Lives
											12  Amount	13 Percent of Premiums Earned			16  Amount	17 Percent of Premiums Earned	
.....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 .....
0199999. Total Experience on Individual Policies										6,066	19,807	326.5	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 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
											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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	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
											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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	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
											12	13			16	17	
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 .....
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 .....
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 .....
YES.....	1MSPG0001 .....	G.....	NO.....	0034000 .....	01/23/2004 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	6,763 .....	763 .....	11.3 .....	1 .....	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

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 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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPF0001 .....	F.....	NO.....	0034000 .....	04/26/2004 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	79,411 .....	94,141 .....	118.5 .....	14 .....	0 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										95,174	110,457	116.1	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 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
											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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	1MSPF0001 .....	.....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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPD0001 .....	D.....	NO.....	0034060 .....	09/30/2008 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	3,064 .....	1,657 .....	54.1 .....	1 .....	0 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										9,808	4,076	41.6	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 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			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
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 .....	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
											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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	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 .....	.....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 .....	.....0 .....
0199999. Total Experience on Individual Policies										.....97,555 .....	.....88,563 .....	.....90.8 .....	.....16 .....	.....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 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  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		18  Number of Covered Lives
											12  Amount	13  Percent of Premiums Earned			16  Amount	17  Percent of Premiums Earned	
.....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 .....	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 .....	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".

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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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPF0001 .....	F.....	NO.....	0034000 .....	01/24/2008 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	23,999 .....	22,494 .....	93.7 .....	4 .....	0 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										41,384	30,641	74.0	8	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 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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	1MSPF0001 .....	F.....	NO.....	0034000 .....	02/04/2009 .....			05/31/2010 .....	MEDICARE SUPPLEMENT .....	17,692 .....	7,658 .....	43.3 .....	3 .....	0 .....	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 .....	0 .....
0199999. Total Experience on Individual Policies										22,051 .....	7,689 .....	34.9 .....	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 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			
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	11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12	13 Percent of Premiums Earned			16	17 Percent of Premiums Earned	
										Amount	Amount	Amount	Amount				
.....YES.....	1MSPF0001 .....	.....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

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 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  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		18  Number of Covered Lives
											12  Amount	13 Percent of Premiums Earned			16  Amount	17 Percent of Premiums Earned	
.....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 .....
0199999. Total Experience on Individual Policies										71,294	82,304	115.4	14	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 [ X ] 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 [ X ]
	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): .....
3.	If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply: 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2, 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed:  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 [ X ]
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 [ X ] 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	
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	XXX	X			
5.	2021	XXX	XX	XXX		
6.	2022	XXX	XX	XXX	XXX	

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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

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	4 2021
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	XXX	
5.	2022	XXX	XX	XXX	XXX

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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