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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Patton Boggs LLP	
2. Address <input type="checkbox"/> Check if different than previously report 2550 M Street, NW Washington, DC 20037	
3. Principal Place of Business (if different from line 2) City: State/Zip (or Country)	
4. Contact Name Telephone E-mail (optional) James B. Christian 202-457-6484	5. Senate ID # 30906-1457
7. Client Name <input type="checkbox"/> Self Massachusetts Mutual Life Insurance Company	6. House ID # 31917073

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☒

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇒ Termination Date 11. No Lobbying Activity ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$60,000 Income (nearest \$20,000)	\$10,000 or more ⇒ \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for details of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6033(c) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title **James B. Christian, Partner**



Registrant Name **Patton Boggs LLP**Client Name **Massachusetts Mutual Life Insurance Company**

LOBBYING ACTIVITY. Select as many as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information requested. Attach additional page(s) as needed.

15. General issue area code **RET** (one per page)

16. Specific lobbying issues

H.R. 10, Comprehensive Retirement Security & Pension Reform Act of 2001;
S.742, Retirement Security and Savings Act of 2001;
H.R. 1836, Economic Growth and Tax Relief Reconciliation Act of 2001

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

US House of Representatives

US Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	N
John Jonas	None	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature

Date

Printed Name and Title **James B. Christian, Partner**

<http://ntdcintranet/DCFirm/lobby/LobbDisc.nsf/e178c1a2657df0d88025698f00682dc1/0a3l...> 2/



Registrant Name **Patton Boggs LLP**Client Name **Massachusetts Mutual Life Insurance Company**

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15. General issue area code **TAX** (one per page)

16. Specific lobbying issues

H.R. 661, S.992, Life Insurance Tax Simplification Act of 2001;
H.R. 3529, Economic Security and Recovery Bill; IRS Notice 2001-10 relating to taxation of split dollar life insurance policies;
H.R. 831, S. 627, Long Term Care and Retirement Security Act of 2001, provisions relating to tax incentives for premiums paid for long-term care insurance

17. House(s) of Congress and Federal agencies contacted ___ Check if None

US House of Representatives**US Senate****Treasury**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	N
John Jonas	None	

19. Interest of each foreign entity in the specific issues listed on line 16 above **X** Check if None

Signature

Date

Printed Name and Title **James B. Christian, Partner**



Registrant Name **Patton Boggs LLP**Client Name **Massachusetts Mutual Life Insurance Company**

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17. House(s) of Congress and Federal agencies contacted ☐ Check if None**US House of Representatives****US Senate****Treasury**

18. Name of each individual who acted as a lobbyist in this issue area

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John Jonas	None	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature

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Printed Name and Title **James B. Christian, Partner**



Registrant Name **Patton Boggs LLP**Client Name **Massachusetts Mutual Life Insurance Company**

LOBBYING ACTIVITY. Select as many as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information requested. Attach additional page(s) as needed.

15. General issue area code **FIN** (one per page)

16. Specific lobbying issues

HHS Regulations on the privacy of medical information17. House(s) of Congress and Federal agencies contacted ☐ Check if None**US House of Representatives****US Senate****HHS**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	N
John Jonas	None	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature

Date

Printed Name and Title **James B. Christian, Partner**



Registrant Name **Patton Boggs LLP**Client Name **Massachusetts Mutual Life Insurance Company**

LOBBYING ACTIVITY. Select as many as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, provide information requested. Attach additional page(s) as needed.

15. General issue area code **HCR** (one per page)

16. Specific lobbying issues

**HHS regulations on privacy of medical information;
S.1052, Patient Bill of Rights**

17. House(s) of Congress and Federal agencies contacted ___ Check if None

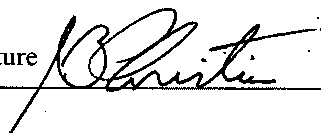
US House of Representatives
US Senate

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Name	Covered Official Position (if applicable)	N
John Jonas	None	

19. Interest of each foreign entity in the specific issues listed on line 16 above **X** Check if None

Signature



Date

2/13/12Printed Name and Title **James B. Christian, Partner**

