2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000057

Entity Name: MML DISTRIBUTORS, LLC

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1295 STATE STREET SPRINGFIELD, MA 011110001

Current Mailing Address: New Mailing Address:

1295 STATE STREET SPRINGFIELD, MA 011110001

FEI Number: 04-3356880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MASSACHUSETTS MUTUAL, LIFE INSURANC E , CO.
 Name:

 Address:
 1295 STATE STREET
 Address:

 City-St-Zip:
 SPRINGFIELD, MA 01111
 City-St-Zip:

 Title:
 MGRM () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 MASSMUTUAL HOLDING C, O.
 Name:
 MASSMUTUAL HOLDING L, .L.C.

Address: 1295 STATE ST Address: 1295 STATE ST

City-St-Zip: SPRINGFIELD, MA 01111 City-St-Zip: SPRINGFIELD, MA 01111

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS A. MONTI MREP 04/18/2006