

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000057

Entity Name: MML DISTRIBUTORS, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

1295 STATE STREET
SPRINGFIELD, MA 011110001

New Principal Place of Business:

Current Mailing Address:

1295 STATE STREET
SPRINGFIELD, MA 011110001

New Mailing Address:

FEI Number: 04-3356880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: MASSACHUSETTS MUTUAL, LIFE INSURANCE, CO.
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 011110001

Title: MGRM () Delete
Name: MASSMUTUAL HOLDING L, .L.C.
Address: 1295 STATE ST
City-St-Zip: SPRINGFIELD, MA 011110001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW DICKEY

MREP

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date