2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# M95000000057

Entity Name: MML DISTRIBUTORS, LLC

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

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: ELAINE A. SARSYNSKI MREP 04/28/2009

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