

No. **W 840**

Due no later than January 31, 2006

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

## 1. Mailing Address - Correct in this box, if applicable

MML DISTRIBUTORS, LLC  
1414 MAIN STREET  
SPRINGFIELD, MA 01144C.T. CORPORATION SYSTEM  
300 N 6TH ST  
BOISE, ID 83701**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held      NameStreet or P.O. AddressCityStateZip

Massachusetts Mutual Life Insurance Company 1295 State St. Springfield, MA 01111-0002  
MassMutual Holding LLC 1295 State St. Springfield, MA 01111-0002

5. Organized Under the Laws of:  
**CONNECTICUT  
W 840**6. **20**

Signature

Date

Name

(Typed or  
Printed)Thomas A. Monti, Member Representative for Mass-  
achusetts Mutual Life Insurance Company and  
MassMutual Holding LLC  
200601000001

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