No. <b>W 840</b>		Due no later than Jan 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MML DISTRIBUTORS, LLC  100 BRIGHT MEADOW BOULEVARD  SPRINGFIELD CT 06082		CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 BOISE ID 83702  3. New Registered Agent Signature:*				
NO FILING FE RECEIVED BY DU  4. Limited Liability Compa	E DATE	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name	mes and made esses of a	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MASSMUTUAL HOLDING LLC MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		1295 STATE STREET	SPRINGFIELD	MA	USA	01111	
MEMBER			1295 STATE STREET	SPRINGFIELD	MA	USA	01111	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
CT W 840		Signature: Donna Harrison		Date: 12/14/2016				
		Name (type or print): Donna Harrison		Title: Special Manager				
Processed 12/14/2016		* Electronically provided	d signatures are accepted as original	signatures.				