

No. W 840

Due no later than January 31, 2007
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 01144

1295 State St.
Springfield, MA
01111-0001

C T CORPORATION SYSTEM
300 N 6TH ST
BOISE, ID 83701

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Massachusetts Mutual Life Insurance Company	1295 State Street	Springfield	MA	01111-0001
Representative					
Member	MassMutual Holding L.L.C.	1295 State Street	Springfield	MA	01111-0001
Representative					

5. Organized Under the Laws of:

CONNECTICUT
W 840

6.

Signature

Name (Typed or Printed)

Thomas A. Monti

Date

12-1-06

Member

Title

Representative

200701005845

Do Not Tape or Staple