

No. W 100673		Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Address (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 needed. MML INSURANCE AGENCY, LLC 1295 STATE STREET SPRINGFIELD MA 01111		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER	JOHN A. VACCARO	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
MANAGER	JOHN ROGAN	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
MANAGER	KENNETH RICKSON	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
MANAGER	WILLIAM F. MONROE, JR.	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
5. Organized Under the Laws of: MA W 100673		6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato					
		Date: 01/19/2013 Title: Poa					
Processed 01/19/2013 * Electronically provided signatures are accepted as original signatures.							