

<b>No. W 840</b>	<b>Due no later than Jan 31, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> C T CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83701																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable MML DISTRIBUTORS, LLC  1414 MAIN STREET SPRINGFIELD, MA 01144		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Massachusetts Mutual Life Insurance Co.</td> <td>1295 State St.</td> <td>Springfield,</td> <td>MA</td> <td>01111</td> </tr> <tr> <td>Member</td> <td>G.R.Phelps &amp; Co., Inc</td> <td>1414 Main St.</td> <td>Springfield,</td> <td>MA</td> <td>01144</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Massachusetts Mutual Life Insurance Co.	1295 State St.	Springfield,	MA	01111	Member	G.R.Phelps & Co., Inc	1414 Main St.	Springfield,	MA	01144
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5. Organized Under the Laws of:  CONNECTICUT W 840	6. Signature <i>Kenneth M. Rickson</i> Date <i>01/26/2001</i> Title: <i>President and</i> Name (Typed or Printed) <i>Kenneth M. Rickson</i> <del>Member Representative G.R.Phelps &amp; Co., Inc.</del>																				