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| No. W 100673 | Due no later than Feb 28, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. MML INSURANCE AGENCY, LLC 1295 STATE STREET SPRINGFIELD MA 01111 | | CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 BOISE ID 83702 | | | |
| | | | 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 M. 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: Abby Paup Name (type or print): Abby Paup Date: 01/09/2018 Title: Special Manager | | | | | |
| Processed 01/09/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |