No. W 840	Due no later than Jan 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BO		
Return to:			C T CORPORATION SYSTEM		
SECRETARY OF STATE 700 WEST JEFFERSON					
PO BOX 83720	MML DISTRIBUTORS, LLC		300 N 6TH ST		
BOISE, ID 83720-0080			BOISE, ID 8370	.4	
, 12 33.23 3333	1414 MAIN STREET		5013E, ID 6370	1	
NO FILING FEE IF	SPRINGFIELD, MA 01144		3. New Registered Agent Signature		
RECEIVED BY DUE DATE	OF KINGO IEED, IVIA 01 144			00	
	onion Futural				
Office Lability Comp	anies: Enter Names and Addresses of Men	mbers.			
Office held Name	Street or P.O. Address	City	State	<u> </u>	
Member Messachuse					
Life Insur	ance Co. 1295 State Street	Springfie	ld MA	01111	
Mariana agraga a	- 7.94				
Member MaseMutuel	Holding Co. 1295 State Street	Springfie	ald MA	01111	
5. Organized Under the Laws of:	16				
5. Organized Under the Laws of:	6. Muchas, M	Jatra			
CONNECTIO	6. Signature Muleu S.	Hattanzio) Date	12/12/02	
	Signature Mulau 4.	"		12/12/02	
CONNECTIO	6. Signature Wulker S. J. Name Printed) Michele G. I.	"		12/12/02) asur & V.P.	