

No. W 840	Due no later than January 31, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MML DISTRIBUTORS, LLC 1414 MAIN STREET SPRINGFIELD, MA 01144		C T CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83701 3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u> Member	<u>Name</u> Massachusetts Mutual Life Insurance Company	<u>Street or P.O. Address</u> 1295 State Street	<u>City</u> Springfield	<u>State</u> MA	<u>Zip</u> 01111
Member	MassMutual Holding Company	1295 State Street	Springfield	MA	01111
5. Organized Under the Laws of: CONNECTICUT W 840		6. Signature <u>Michele G. Lattanzio</u> Date <u>11/13/2003</u> Name (typed or Printed) <u>Michele G. Lattanzio</u> Title <u>Treasurer</u>			