

No. W 100673	Due no later than Feb 28, 2014 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 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
			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: Michelle Donato Name (type or print): Michelle Donato		Date: 01/09/2014 Title: Poa			
Processed 01/09/2014		* Electronically provided signatures are accepted as original signatures.				