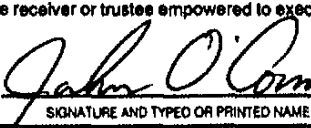


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000057			
MML DISTRIBUTORS, LLC 140 GARDEN STREET HARTFORD CT 06154		1a. Principal Place of Business Address 140 GARDEN STREET HARTFORD CT 06154			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
1414 Main Street Suite, Apt. #, etc.		1414 Main Street Suite, Apt. #, etc.		03/07/1995	CT
City & State		City & State		4. FEI Number	☐ Applied For
Springfield, MA		Springfield, MA		04-3356880	☐ Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
01144	Hamden	01144	Hamden	03/06/1996	Sub 7: Additional Fee Required ☐
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) 1 00002158651-5 Suite, Apt. #, etc. -04728797-01085-022 ****203.75 ****203.75 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CONNECTICUT MUTUAL L,	140 GARDEN STREET		HARTFORD CT	
MGRM	CM STRATEGIC VENTURES,	140 GARDEN STREET		HARTFORD CT	
MGRM	Massachusetts Mutual Life Insurance, Co.	1295 State Street		Springfield, MA 01111	
MGRM	G.R. Phelps & Co., Inc	1414 Main Street		Springfield, MA 01144	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		John O'Connor, President of G.R. Phelps & Co., Inc. (Member)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	
		4/16/97		413-737-8400	

APPROVED
AND
FILED

97 APR 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Alan
4/23/97