

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4: 08

DOCUMENT # 846496 (8)
1. Corporation Name
MML PENSION INSURANCE COMPANY

Principal Place of Business Mailing Address
1295 STATE STREET 1295 STATE STREET
SPRINGFIELD MA 01111 SPRINGFIELD MA 01111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/15/1980 04/12/1994

4. FEI Number Applied For
52-0913817 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 FL B6 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent used when filing application (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	-AGORNATO, PAUL -
STREET ADDRESS	1295 STATE STREET
CITY-ST-ZIP	SPRINGFIELD, MA 00000
TITLE	S
NAME	FINNEGAN, THOMAS, J, JR
STREET ADDRESS	1295 STATE ST.
CITY-ST-ZIP	SPRINGFIELD, MA 00000
TITLE	T
NAME	BIXBY, ALLAN B
STREET ADDRESS	1295 STATE STREET
CITY-ST-ZIP	SPRINGFIELD, MA 00000
TITLE	D
NAME	HARGREAVES, KENNETH L
STREET ADDRESS	1295 STATE STREET
CITY-ST-ZIP	SPRINGFIELD, MA 00000
TITLE	D
NAME	WENDLANDT, GARY, E
STREET ADDRESS	1295 STATE ST
CITY-ST-ZIP	SPRINGFIELD MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See attached Schedule
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or voluntary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statute; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: **Thomas J. Finnegan, Jr.** 01/31/95 413/744-6052
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Telephone #

SCHEDULE

MML Pension Insurance Company

Directors:

Business addresses for all Directors below is as follows:

**1295 State Street
Springfield, MA 01111
413/788-8411**

**Thomas B. Wheeler, Chairman
Lawrence V. Burkett, Jr.
Daniel J. Fitzgerald
James E. Miller
John J. Pajak
Stuart H. Reese
Anthony J. van Werkhoven**

Officers:

Business addresses for all Officers below is as follows:

**1295 State Street
Springfield, MA 01111
413/788-8411**

James E. Miller	President and Chief Executive Officer
Allan B. Bixby	Treasurer
Thomas J. Finnegan, Jr.	Secretary
Stephen R. Bosworth	Vice President, Chief Legal Officer & Assistant Secretary
Christine W. Osgood	Vice President
Anthony J. van Werkhoven	Vice President and Controller