

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 08

DOCUMENT # **821342** (3)  
1. Corporation Name  
**MML BAY STATE LIFE 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 **04/18/1968** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **43-0581430** Applied For  
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

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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | D                        |
| NAME            | STAMANT, JEANNE M        |
| STREET ADDRESS  | 1295 STATE STREET        |
| CITY - ST - ZIP | SPRINGFIELD MA           |
| TITLE           | CPD                      |
| NAME            | JERMYN, ISADORE          |
| STREET ADDRESS  | 1295 STATE ST.           |
| CITY - ST - ZIP | SPRINGFIELD MA           |
| TITLE           | S                        |
| NAME            | FINNEGAN, THOMAS, J., JR |
| STREET ADDRESS  | 1295 STATE ST.           |
| CITY - ST - ZIP | SPRINGFIELD MA           |
| TITLE           | T                        |
| NAME            | BIXBY, ALLAN B.          |
| STREET ADDRESS  | 1295 STATE STREET        |
| CITY - ST - ZIP | SPRINGFIELD MA           |
| TITLE           | D                        |
| NAME            | ADORNATO, PAUL D.        |
| STREET ADDRESS  | 1295 STATE ST.           |
| CITY - ST - ZIP | SPRINGFIELD MA           |
| TITLE           | D                        |
| NAME            | WENDLANDT, GARY, E       |
| STREET ADDRESS  | 1295 STATE STREET        |
| CITY - ST - ZIP | SPRINGFIELD MA           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                        |   |
|---------------------|------------------------|---|
| 1.1 TITLE           | See attached Schedule. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                        |   |
| 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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

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

**SCHEDULE**

**MML Bay State Life Insurance Company**

**Directors:**

Business addresses for all Directors below is as follows:

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

Isadore Jermyn, Chairman  
Paul D. Adornato  
Donald D. Cameron  
Daniel J. Fitzgerald  
Arthur D. Foresi  
Gary T. Huffman  
Douglas J. Jangraw  
John J. Libera, Jr.  
William T. McElmurray  
Stuart H. Reese  
Jeanne M. Stamant

**Officers:**

Business addresses for all Officers below is as follows:

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

|                         |   |
|-------------------------|---|
| Isadore Jermyn          | President and Chief Executive Officer     |
| Allan B. Bixby          | Treasurer                                 |
| Thomas J. Finnegan, Jr. | Secretary                                 |
| Donald D. Cameron       | Senior Vice President-Corporate Marketing |
| Yek S.S. Cheng          | Vice President-Actuarial                  |
| Efrem Marder            | Vice President-Investments                |
| Mary E. Wilson          | Vice President-Investments                |
| William C. Fetherston   | Vice President and General Auditor        |