

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **821342** (3)

1. Corporation Name  
**MML BAY STATE LIFE INSURANCE COMPANY**



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

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

3. Date Incorporated or Qualified: **04/18/1968**  
3a. Date of Last Report: **02/07/1995**  
4. FEI Number: **43-0581430**  
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. 193.032, Florida Statutes:  Yes  No  
9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHSSEE FL 32301

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, Florida Statutes, the above named corporation certifies 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STAMANT, JEANNE M	
STREET ADDRESS	1295 STATE STREET	
CITY - ST - ZIP	SPRINGFIELD MA	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	JERMYN, ISADORE	
STREET ADDRESS	1295 STATE ST.	
CITY - ST - ZIP	SPRINGFIELD MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINNEGAN, THOMAS, J., JR	
STREET ADDRESS	1295 STATE ST.	
CITY - ST - ZIP	SPRINGFIELD MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BIXBY, ALLAN B.	
STREET ADDRESS	1295 STATE STREET	
CITY - ST - ZIP	SPRINGFIELD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADORNATO, PAUL D.	
STREET ADDRESS	1295 STATE ST.	
CITY - ST - ZIP	SPRINGFIELD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WENDLANDT, GARY, E	
STREET ADDRESS	1295 STATE STREET	
CITY - ST - ZIP	SPRINGFIELD MA	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ann Iseley
43 STREET ADDRESS	1295 State Street
44 CITY - ST - ZIP	Springfield, MA 01111
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, 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 of this report in connection with an addition.

SIGNATURE: *Thomas J. Finnegan, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
Thomas J. Finnegan, Jr.

4/23/96 413/744-6052

CR2E034 (12/95)