

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 821342 (3)**  
 1. Corporation Name  
**MML BAY STATE LIFE INSURANCE COMPANY**



Principal Place of Business <b>1295 STATE STREET SPRINGFIELD MA 01111</b>	Mailing Address <b>1295 STATE STREET SPRINGFIELD MA 01111-0001</b>
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3. Date Incorporated or Qualified <b>04/18/1968</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>43-0581430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

(See attached Schedule of Directors and Officers)

1.1 TITLE	<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 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 or supplemental 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 on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)

## MML Bay State Life Insurance Company

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### *Board of Directors*

Paul D. Adornato  
Lawrence V. Burkett, Jr.  
John B. Davies  
Anne Melissa Dowling  
Thomas J. Finnegan, Jr.  
Daniel J. Fitzgerald  
Maureen R. Ford  
Isadore Jermyn  
Stuart H. Reese

### *Officers*

Lawrence V. Burkett, Jr.	President and Chief Executive Officer
Ann Iseley	Treasurer
Thomas J. Finnegan, Jr.	Secretary
Paul D. Adornato	Senior Vice President-Operations
Anne Melissa Dowling	Senior Vice President-Large Corporate Marketing
Maureen R. Ford	Senior Vice President-Annuity Marketing
Stuart H. Reese	Senior Vice President-Investments
Isadore Jermyn	Senior Vice President and Actuary

Business addresses for all Officers below is as follows:

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

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April 18, 1997