

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 821342
1. Corporation Name
MML BAY STATE LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	140 Garden Street	26	c/o B040	04/18/1968		43-0581430		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing		Trust Fund Contribution	
22		27		<input type="checkbox"/>		<input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Hartford, CT		Springfield, MA		06154		01111		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Country		Country		24		25		29	
U.S.A.		U.S.A.		06154		01111		U.S.A.	

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
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 _____ (Signature typed or printed name of registered agent and filed applicant) (Not Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(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	

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***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ann F. Arnold April 28, 1998 413/744-2993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Print No.

CR2E034 (10/97)

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MML Bay State Life Insurance Company

Board of Directors

- ✓ Paul D. Adornato
- Lawrence V. Burkett, Jr.
- John B. Davies
- Anne Melissa Dowling
- Maureen R. Ford
- Isadore Jermyn
- Stuart H. Reese

Officers

- | | |
|--------------------------|---|
| Lawrence V. Burkett, Jr. | President and Chief Executive Officer |
| Edward M. Kline | Treasurer |
| Ann F. Lomeli | 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

Current since March 1, 1998