

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90047 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **821342**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**140 GARDEN STREET  
 HARTFORD CT 06154  
 US**

Mailing Address  
**C/O B040  
 1295 STATE STREET  
 SPRINGFIELD MA 01111  
 US**

3. Date Incorporated or Qualified  
**04/18/1968**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CPD <input type="checkbox"/> DELETE
NAME	JERMYN, ISADORE
STREET ADDRESS	1295 STATE ST.
CITY-ST-ZIP	SPRINGFIELD MA
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FINNEGAN, THOMAS, J., JR
STREET ADDRESS	1295 STATE ST.
CITY-ST-ZIP	SPRINGFIELD MA
TITLE	D <input type="checkbox"/> DELETE
NAME	BURKETT, LAWRENCE V JR
STREET ADDRESS	1295 STATE STREET
CITY-ST-ZIP	SPRINGFIELD MA 01111
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADORNATO, PAUL D.
STREET ADDRESS	1295 STATE ST.
CITY-ST-ZIP	SPRINGFIELD MA 01111
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIES, JOHN B
STREET ADDRESS	1295 STATE STREET
CITY-ST-ZIP	SPRINGFIELD MA 01111
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DOWLING, ANNE MELISSA
STREET ADDRESS	1295 STATE STREET
CITY-ST-ZIP	SPRINGFIELD MA 01111

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 of Directors and Officers)
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Ann F. Lomeli*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(413) 744-5373  
 Date Daytime Phone #

CR2E034 (11/98)

MML BAY STATE LIFE INSURANCE COMPANY

545640-90047-8

Doc# 821342

*Board of Directors*

Lawrence V. Burkett, Jr. (MA)  
John B. Davies (MA)  
Isadore Jermyn (MA)  
James E. Miller (CT)  
Robert J. O'Connell (MA)  
Stuart H. Reese (MA)

*Officers*

Lawrence V. Burkett, Jr. (MA)	President and Chief Executive Officer
Anne Melissa Dowling (CT)	Senior Vice President-Large Corporate Marketing
Maureen R. Ford (CT)	Senior Vice President-Annuity Marketing
Isadore Jermyn (MA)	Senior Vice President and Actuary
James E. Miller (CT)	Senior Vice President-Life Operations
Stuart H. Reese (MA)	Senior Vice President-Investments
Edward M. Kline (MA)	Treasurer
Ann F. Lomeli (MA)	Secretary

(CT) - Business address is 140 Garden Street  
Hartford, CT 06154

(MA) - Business address is 1295 State Street  
Springfield, MA 01111

As of March 18, 1999