

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90299 028 ***150.00

DOCUMENT # 821342

1. Entity Name

MML BAY STATE LIFE INSURANCE COMPANY

Principal Place of Business

**140 GARDEN STREET
 HARTFORD CT 06154
 US**

Mailing Address

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

645486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-0581430**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** Delete
 NAME **JERMYN, ISADORE**
 STREET ADDRESS **1295 STATE ST.**
 CITY-ST-ZIP **SPRINGFIELD MA**

TITLE **D** Change Addition
 NAME **JERMYN, ISADORE**
 STREET ADDRESS **1295 STATE ST.**
 CITY-ST-ZIP **SPRINGFIELD MA**

TITLE **PCEO** Delete
 NAME **BURKETT, LAWRENCE V JR**
 STREET ADDRESS **1295 STATE ST**
 CITY-ST-ZIP **SPRINGFIELD MA 01111**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BURKETT, LAWRENCE V JR**
 STREET ADDRESS **1295 STATE STREET**
 CITY-ST-ZIP **SPRINGFIELD MA 01111**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **KLINE, EDWARD M**
 STREET ADDRESS **1295 STATE ST.**
 CITY-ST-ZIP **SPRINGFIELD MA 01111**

TITLE **V/T** Change Addition
 NAME **KLINE, EDWARD M**
 STREET ADDRESS **1295 STATE ST.**
 CITY-ST-ZIP **SPRINGFIELD MA**

TITLE **D** Delete
 NAME **DAVIES, JOHN B**
 STREET ADDRESS **1295 STATE STREET**
 CITY-ST-ZIP **SPRINGFIELD MA 01111**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVPA** Delete
 NAME **FORD, MAUREEN R**
 STREET ADDRESS **140 GARDEN ST**
 CITY-ST-ZIP **HARTFORD CT 06154**

TITLE Change Addition
 NAME *** See attached for list of Directors and Officers**
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann F. Lomeli Ann. F. Lomeli April 19, 2001 (413) 744-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

US24473

CR2E034 (10/00)

Attachment
Doc # 821342
Stamp # 643486

MML BAY STATE LIFE INSURANCE COMPANY

Board of Directors

Robert J. O'Connell (Chairman)

Lawrence V. Burkett, Jr.

Isadore Jermyn

Efrem Marder

Officers

Robert J. O'Connell	President and Chief Executive Officer
James E. Miller	Executive Vice President – Life Operations
Stuart H. Reese	Executive Vice President – Investments
Ann F. Lomeli	Senior Vice President and Secretary
Edward M. Kline	Vice President and Treasurer

Business Address: **1295 State Street**
 Springfield, MA 01111