2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # 821342 1. Entity Name 03-24-2002 90080 037 ***150 00 MML BAY STATE LIFE INSURANCE COMPANY Mailing Address Principal Place of Business 140 GARDEN STREET C/O 8040 HARTFORD CT 06154 1295 STATE STREET SPRINGFIELD MA 01111 3. Mailing Address 1295 State Street 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 43-0581430 Springfield, MA Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 01111-0001 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHSSEE FL 32301 City 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME JERMYN, ISADORE STREET ADDRESS STREET ADDRESS 1295 STATE ST. CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA Addition ☐ Delete TITLE Change TITLE NAME NAME O'CONNELL, ROBERT J STREET ADDRESS STREET ADDRESS 1295 STATE ST CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME BURKETT, LAWRENCE V JR STREET ADDRESS STREET ADDRESS 1295 STATE STREET CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 Change ☐ Addition ☐ Delete TITLE NAME KLINE, EDWARD M STREET ADDRESS STREET ADDRESS 1295 STATE ST. CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME Marder, Efrem STREET ADDRESS STREET ADDRESS 1295 STATE STREET CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 * See attached for list Change ■ Addition Delete TITLE of Directors and Officers REESE, STUART H NAME STREET ADDRESS STREET ADDRESS 1295 STATE STREET CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 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 an other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylims Phone #