

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821342

FILED
Apr 29, 2004
Secretary of State

Entity Name: MML BAY STATE LIFE INSURANCE COMPANY

Current Principal Place of Business:

140 GARDEN STREET
HARTFORD, CT 06154 US

New Principal Place of Business:

Current Mailing Address:

1295 STATE STREET
B193
SPRINGFIELD, FL 011110001 US

New Mailing Address:

FEI Number: 43-0581430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JERMYN, ISADORE,
Address: 1295 STATE ST.
City-St-Zip: SPRINGFIELD, MA

Title: DP () Delete
Name: O'CONNELL, ROBERT J
Address: 1295 STATE ST
City-St-Zip: SPRINGFIELD, MA 01111

Title: D () Delete
Name: BURKETT, LAWRENCE V JR
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

Title: VT () Delete
Name: KLINE, EDWARD M
Address: 1295 STATE ST.
City-St-Zip: SPRINGFIELD, MA

Title: D () Delete
Name: MARDER, EFREM
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

Title: EVPI () Delete
Name: REESE, STUART H
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN F. LOMELI

Electronic Signature of Signing Officer or Director

SVPS

04/29/2004

_____ Date

ANN F. LOMELI SVPS
1295 STATE STREET
SPRINGFIELD, MA 01111-0001