FILED Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90109 007 ***150.00

2005 FOR PROFIT CORPORA ANNUAL REPORT	Secreta		
DOCUMENT # 821342 . Entity Name		04-15-2005	

1. Entity Name MML BAY STATE LIFE INSURANCE COMPANY										
Principal Place of Business 140 GARDEN STREET HARTFORD, CT 06154 US		1 B	Mailing Address 1295 STATE STREET B193 SPRINGFIELD, FL 01111-0001 US							
2. Principal P	lace of Business	3.	Mailing Address							
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		03212005	Chg-P	CR2E034	(10/03)			
City & State		1	City & State			4. FEI Numbe 43-058				plied For t Applicable
Zip	Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Addres	s of Current Regis	tered Agent			7. Name and	Address of New F	Registered Ag	ent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Street	Name Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zin Code	ļ
the obligat SIGNATURE FIL	named entity submits this ions of registered agent. Signature, typed or printed name of	registered agent and little	of applicable. (NOTE:	Registered Agent sign. In Financing	ature required	d when reinstating) .00 May Be	h, in the State of F	orida. I am far	niliar with,	and accept
	ay 1, 2005 Fee will		Trust Fund Contril		_ Add	ed to Fees				
10.		FICERS AND DIREC		11.		ADDITIONS/	CHANGES TO OFF	FICERS AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERMYN, ISADORE 1295 STATE ST. SPRINGFIELD, MA		Delete	TATLE NAME STREET ADDRESS CITY-ST-ZIP				ĺ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'CONNELL, ROBER 1295 STATE ST SPRINGFIELD, MA		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKETT, LAWREN 1295 STATE STREE SPRINGFIELD, MA	Γ	XX Delete	NAME STREET ADDRESS CITY-ST-ZIP			·	[_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KLINE, EDWARD M 1295 STATE ST. SPRINGFIELD, MA		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				{	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDER, EFREM 1295 STATE STREE SPRINGFIELD, MA		[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	129	eli, Ann 5 State :			Change	🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPI REESE, STUART H 1295 STATE STREE SPRINGFIELD, MA certify that the information	01111	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		ι	Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Ann F. Lomeli

413-744-5373

Daytime Phone #