2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #821342

MML BAY STATE LIFE INSURANCE COMPANY

FILED Feb 23, 2006 8:00 am Secretary of State

02-23-2006 90002 048 ***150.00

						TEST						
Principal Place of Business 140 GARDEN STREET HARTFORD, CT 06154 US			Mailing Address 1295 STATE STREET B193 SPRINGFIELD, FL 01111-0001 US			60021277						
2. Principal P		ness eadow Blvd	3. Mailing Address									
Suite, Apt.			Suite, Apt. #, etc.				01092006	Chg-P	CR2E0	34 (11/05)		
City & State Enfiel	å, CT		City & State			. 7	4. FEI Number			<u>-</u>	oplied For ot Applicable	
06082-1	.981	Country USA	Zip	Coun	itry			of Status Desired		\$8.75 Add	fitional	
	6. Name	and Address of Current	Registered Agent	1	1		7. Name and	Address of New F		•		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST					Name Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32399-0000					City					1 == 0-4		
					·				FL	Zip Cod		
the obligat	named entit ions of regist	y submits this statement fo ered agent.	r the purpose of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE						ure required	when reinstating)	-	DATE			
After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0		_	ncing		00 May Be ed to Fees					
10.		OFFICERS AND		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERMYN, 1295 STA SPRINGF		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1295 STA	ELL, ROBERT J TE ST IELD, MA 01111	🖾 Delete			SEE	ATTACHE	D		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KLINE, EI 1295 STA SPRINGF		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOMELI, A 1295 STA SPRINGF		🔀 Delete			SEE	ATTACHE	D	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1295 STA	STUART H TE STREET IELD, MA 01111	☐ Delete			SEE	ATTACHE	ED.	-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Styling L. C.	Stephen L. Kuhn	February ${\mathcal N}$, 2006	413-744-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	NG OFFICER OR DIRECTOR	Cate		Daytime Phone #

ATTACHMENT

MML Bay State Life Insurance Company
Officers Full Name, Occupation/Office Held

Stuart H. Reese, President and Chief Executive Officer

Roger W. Crandall
Executive Vice President and Chief Investment Officer

Howard E. Gunton
Executive Vice President and Chief Financial Officer

Matthew Winter Executive Vice President

Edward M. Kline Vice President and Treasurer

Stephen L. Kuhn Senior Vice President and Secretary **ATTACHMENT**

MML Bay State Life Insurance Company

Directors

Stuart H. Reese, Chairman

Isadore Jermyn

Howard Gunton