2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821342

FILED Jan 05, 2010 Secretary of State

Entity Name: MML BAY STATE LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

100 BRIGHT MEADOW BLVD ENFIELD, CT 060821981 US

Current Mailing Address: New Mailing Address:

1295 STATE STREET 1295 STATE STREET B410 B410

SPRINGFIELD, FL 011110001 US SPRINGFIELD, MA 011110001 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: PCEO

Name: CRANDALL, ROGER W Address: 1295 STATE ST City-St-Zip: SPRINGFIELD, MA 01111

Title: EVP

Name: ROELLIG, MARK
Address: 1295 STATE ST.
City-St-Zip: SPRINGFIELD, MA 01111

Title: EVP

Name: ROLLINGS, MICHAEL T Address: 1295 STATE ST City-St-Zip: SPRINGFIELD, MA 01111

Title: 7

Name: PICKEN, TODD G
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

Title:

Name: PEASLEE, CHRISTINE C Address: 1295 STATE STREET City-St-Zip: SPRINGFIELD, MA 01111

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE C. PEASLEE S 01/05/2010