

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90365 001 ***150.00

DOCUMENT # 821342



1. Entity Name
MML BAY STATE LIFE INSURANCE COMPANY

Principal Place of Business
**140 GARDEN STREET
HARTFORD CT 06154
US**

Mailing Address
**1295 STATE STREET
8193
SPRINGFIELD FL 01111-0001
US**



2. Principal Place of Business

3. Mailing Address
1295 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B193

CHECK HERE IF MAKING CHANGES

City & State

City & State
Springfield, MA

4. FEI Number **43-0581430**

Applied For
 Not Applicable

Zip

Country

Zip
01111-0001

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERMYN, ISADORE <input type="checkbox"/> Delete 1295 STATE ST. SPRINGFIELD MA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BODC O'CONNELL, ROBERT J <input type="checkbox"/> Delete 1295 STATE ST SPRINGFIELD MA 01111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D/CEO/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition O'Connell, Robert J. 1295 State Street. Springfield, MA 01111-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKETT, LAWRENCE V JR <input type="checkbox"/> Delete 1295 STATE STREET SPRINGFIELD MA 01111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KLINE, EDWARD M <input type="checkbox"/> Delete 1295 STATE ST. SPRINGFIELD MA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDER, EFREM <input type="checkbox"/> Delete 1295 STATE STREET SPRINGFIELD MA 01111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPI REESE, STUART H <input type="checkbox"/> Delete 1295 STATE STREET SPRINGFIELD MA 01111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition * See attached for list of Directors and Officers

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann F. Tomelli* **Ann F. Tomelli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 21, 2003 (413) 744-5373

Date Daytime Phone #

CR2E034 (10/02)

MML BAY STATE LIFE INSURANCE COMPANY

10012588

Doc # 821342

Board of Directors

Robert J. O'Connell (Chairman)

Lawrence V. Burkett, Jr.

Isadore Jermyn

Efrem Marder*

Howard E. Gunton

Officers

Robert J. O'Connell	President and Chief Executive Officer
Howard E. Gunton	Executive Vice President and Chief Financial Officer
James E. Miller	Executive Vice President – Life Operations
Stuart H. Reese	Executive Vice President – Investments
Matthew E. Winter	Executive Vice President
Ann F. Lomeli	Senior Vice President and Secretary
Edward M. Kline	Vice President and Treasurer

The business address for the above is: 1295 State Street
Springfield, MA 01111

***Mr. Marder's business address is:** Tower Square
1500 Main Street
Springfield, MA 01115