

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821342

Entity Name: MML BAY STATE LIFE INSURANCE COMPANY**Current Principal Place of Business:**100 BRIGHT MEADOW BLVD
ENFIELD, CT 06082-1981**Current Mailing Address:**1295 STATE STREET
B370
SPRINGFIELD, MA 01111-0001 US**FEI Number:** 43-0581430**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
PO 6200
TALLAHASSEE, FL 32399 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

Officer/Director Detail :

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

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

Title	S
Name	AKINBAJO, TOKUNBO
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	EVP AND CHIEF FINANCIAL OFFICER
Name	WARD, ELIZABETH A
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111-0001

Title	EXECUTIVE VICE PRESIDENT
Name	FANNING, MICHAEL R
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111-0001

Title	EXECUTIVE VICE PRESIDENT
Name	CORBETT, MELVIN TIMOTHY
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111-0001

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: TOKUNBO AKINBAJO**CORPORATE
SECRETARY****02/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date