

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850360 (9)

1. Corporation Name
C. M. LIFE INSURANCE COMPANY



Principal Place of Business 140 GARDEN STR STE 284 HARTFORD CT 06154 US	Mailing Address 1295 STATE ST., MIP B040 SPRINGFIELD MA 01111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 09/15/1981	4. FEI Number 06-1041383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIES, JOHN B	
STREET ADDRESS	1295 STATE ST.	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOMELI, ANN F	
STREET ADDRESS	1295 STATE ST.	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, DANIEL J	
STREET ADDRESS	1295 STATE ST.	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ISELEY, ANN	
STREET ADDRESS	1295 STATE ST.LE	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(See attached Schedule of Directors and Officers)

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann F. Lomeli* April 28, 1998 413/744-2993

CR2E034 (10/97)

PJ 2 of 2

C.M. LIFE INSURANCE COMPANY

Board of Directors

- ✓ Lawrence V. Burkett, Jr.
- ✓ John B. Davies
- Stuart H. Reese

Officers

- | | |
|----------------------------|--|
| ✓ Lawrence V. Burkett, Jr. | President and Chief Executive Officer |
| Paul D. Adornato | Senior Vice President - Operations |
| Anne Melissa Dowling | Senior Vice President - Large
Corporate Marketing |
| Maureen R. Ford | Senior Vice President - Annuity
Marketing |
| Isadore Jermyn | Senior Vice President and Actuary |
| Stuart H. Reese | Senior Vice President - Investments |
| Edward M. Kline | Treasurer |
| ✓ Ann F. Lomeli | Secretary |

Business address for all of the above is

c/o Massachusetts Mutual Life Insurance Company
1295 State Street
Springfield, MA 01111
413/788-8411

Current since September 23, 1997