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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90047 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 850360

1. Corporation Name
C. M. LIFE INSURANCE COMPANY



Principal Place of Business
**140 GARDEN STR
 STE 264
 HARTFORD CT 06154
 US**

Mailing Address
**1295 STATE ST., MIP B040
 SPRINGFIELD MA 01111**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
09/15/1981

4. FEI Number
06-1041383

Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 type="checkbox"/> DELETE
NAME	BURKETT, LAWRENCE JR	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REESE, STUART	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE	SVPO	<input checked="" type="checkbox"/> DELETE
NAME	ADORNATO, PAUL D	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD MA 01111	
TITLE	SVAM	<input type="checkbox"/> DELETE
NAME	DOWLING, ANNE MELISSA	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD MA 01111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(See attached schedule of Directors and Officers)	
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		

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Ann F. Lomeli*

(413) 744-5373

CR2E034 (11/98)

545641-90047-9

C.M. LIFE INSURANCE COMPANY

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Board of Directors

Lawrence V. Burkett, Jr. (MA)
John B. Davies (MA)
Isadore Jermyn (MA)
James E. Miller (CT)
Robert J. O'Connell (MA)
Stuart H. Reese (MA)

Officers

Lawrence V. Burkett, Jr. (MA)	President and Chief Executive Officer
Anne Melissa Dowling (CT)	Senior Vice President - Large Corporate Marketing
Maureen R. Ford (CT)	Senior Vice President - Annuity Marketing
Isadore Jermyn (MA)	Senior Vice President and Actuary
James E. Miller (CT)	Senior Vice President - Life Operations
Stuart H. Reese (MA)	Senior Vice President - Investments
Edward M. Kline (MA)	Treasurer
Ann F. Lomeli (MA)	Secretary

(CT) - Business address is

140 Garden Street
Hartford, CT 06154

(MA) - Business address is

1295 State Street
Springfield, MA 01111

As of March 18, 1999