

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850360

1. Entity Name

C. M. LIFE INSURANCE COMPANY

FILED

00 APR 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 140 GARDEN STR STE 264 HARTFORD CT 06154	Mailing Address C/O B040 1295 STATE ST SPRINGFIELD MA 01111-0001
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DO NOT WRITE IN THIS SPACE

04-03-00 90141 013 45.00

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1041383	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	D DAVIES, JOHN B 1295 STATE ST. SPRINGFIELD MA 01111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (See attached schedule of Directors and Officers)
ADDRESS ST-ZIP	S LOMELI, ANN F 1295 STATE ST. SPRINGFIELD MA 01111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	D BURKETT, LAWRENCE JR 1295 STATE STREET SPRINGFIELD MA 01111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003238579-2 -05/03/00-04499-005 ****105.00 ****105.00
ADDRESS ST-ZIP	D REESE, STUART 1295 STATE STREET SPRINGFIELD MA 01111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	SVPO MILLER, JAMES E CT 140 GARDEN ST HARTFORD CT 06154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	SVAM DOWLING, ANNE MELISSA 1295 STATE STREET SPRINGFIELD MA 01111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

I 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 stated 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 11 or Block 12 (if applicable) or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann F. Lomeli Ann F. Lomeli 3/28/00 413-744-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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C.M. LIFE INSURANCE COMPANY

Board of Directors

Lawrence V. Burkett, Jr.

Isadore Jermyn

James E. Miller

Robert J. O'Connell

John V. Murphy

Efrem Marder

Officers

Robert W. Crispin

President and Chief Executive Officer

James E. Miller

Executive Vice President - Life Operations

Stuart H. Reese

Executive Vice President - Investments

Ann F. Lomeli

Senior Vice President and Secretary

Edward M. Kline

Vice President and Treasurer

Business Address:

**1295 State Street
Springfield, MA 01111**

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