

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90382 016 ***150.00

DOCUMENT # 850360

1. Entity Name
C. M. LIFE INSURANCE COMPANY

Principal Place of Business

140 GARDEN STR
 STE 264
 HARTFORD CT 06154
 US

Mailing Address

C/O B040
 1295 STATE ST
 SPRINGFIELD MA 01111

00042685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **06-1041383**

Applied For
 Not Applicable

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

**INSURANCE COMMISSIONER
 THE CAPITOL
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CRISPIN, ROBERT W 1295 STATE STREET SPRINGFIELD MA 01111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MILLER, JAMES E 1295 STATE STREET SPRINGFIELD MA 01111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP REESE, STUART H 1295 STATE STREET SPRINGFIELD MA 01111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS LOMELI, ANN F 1295 STATE STREET SPRINGFIELD MA 01111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KLINE, EDWARD M 1295 STATE STREET SPRINGFIELD MA 01111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKETT, LAWRENCE V JR 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	
* See attached for list of Directors and Officers		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MILLER, JAMES E 1295 STATE STREET SPRINGFIELD MA 01111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann F. Lomeli Ann F. Lomeli April 19, 2001 (413) 744-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

#850360

D0042685

C.M. LIFE INSURANCE COMPANY

Board of Directors

Lawrence V. Burkett, Jr.

Isadore Jermyn

Robert J. O'Connell (Chairman)

Efrem Marder

Officers

Robert J. O'Connell

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**