

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90027 026 ***150.00

1017241 AT

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
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2. Principal Place of Business	3. Mailing Address 1295 State Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. MIP B193

City & State	City & State Springfield, MA
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Zip	Country	Zip 01111-0001	Country
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4. FEI Number 06-1041383	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDER, EFREM 1295 STATE STREET SPRINGFIELD MA 01111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* Seet attached for list of Directors and Officers <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
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** March 8, 2002 (413) 744-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)

C.M. LIFE INSURANCE COMPANY

515525

Board of Directors

Lawrence V. Burkett, Jr.

Isadore Jermyn

Robert J. O'Connell

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**