

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


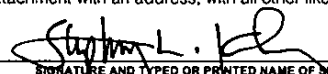
**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90002 047 \*\*\*150.00

**60021278**



01092006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 850360</b>			
1. Entity 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 B193 SPRINGFIELD, MA 01111-0001	
2. Principal Place of Business 100 Bright Meadow Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Enfield, CT		City & State	
Zip 06082-1981	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC O'CONNELL, ROBERT J 1295 STATE STREET SPRINGFIELD, MA 01111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MILLER, JAMES E 1295 STATE STREET SPRINGFIELD, MA 01111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	SEE ATTACHED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS LOMELI, ANN F 1295 STATE STREET SPRINGFIELD, MA 01111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Stephen L. Kuhn February 21, 2006 413-744-8411	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

# ATTACHMENT

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**C.M. Life Insurance Company**  
Officers Full Name, Occupation/Office Held

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Stuart H. Reese,  
President and Chief Executive Officer

Roger W. Crandall  
Executive Vice President and Chief Investment Officer

Howard E. Gunton  
Executive Vice President and Chief Financial Officer

Matthew Winter  
Executive Vice President

Edward M. Kline  
Vice President and Treasurer

Stephen L. Kuhn  
Senior Vice President and Secretary

# ATTACHMENT

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C.M. Life Insurance Company  
Directors

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Stuart H. Reese, Chairman

Isadore Jermyn

Howard Gunton