

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850360

FILED
Jan 06, 2011
Secretary of State

Entity Name: C. M. LIFE INSURANCE COMPANY

Current Principal Place of Business:

100 BRIGHT MEADOW BLVD.
ENFIELD, CT 060821981 US

New Principal Place of Business:

Current Mailing Address:

1295 STATE ST
MIP B410
SPRINGFIELD, MA 011110001

New Mailing Address:

FEI Number: 06-1041383 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P&CE
Name: CRANDALL, ROGER W
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111 US

Title: EVP
Name: ROLLINGS, MICHAEL T
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111 US

Title: S
Name: PEASLEE, CHRISTINE C
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

Title: EVP
Name: ROELLIG, MARK
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE C. PEASLEE

S

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date