

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850360

Entity Name: C. M. LIFE INSURANCE COMPANY

Current Principal Place of Business:

100 BRIGHT MEADOW BLVD.
ENFIELD, CT 06082-1981

Current Mailing Address:

1295 STATE ST
MIP B370
SPRINGFIELD, MA 01111-0001

FEI Number: 06-1041383

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
PO 6200
TALLAHASSEE, FL 32399 US

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

Officer/Director Detail :

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

Title S
Name AKINBAJO, TOKUNBO
Address 1295 STATE STREET
City-State-Zip: SPRINGFIELD MA 01111

Title EVP AND CHIEF FINANCIAL OFFICER
Name WARD, ELIZABETH A
Address 1295 STATE ST
City-State-Zip: SPRINGFIELD MA 01111-0001

Title EXECUTIVE VICE PRESIDENT
Name FANNING, MICHAEL R
Address 1295 STATE ST
City-State-Zip: SPRINGFIELD MA 01111-0001

Title EXECUTIVE VICE PRESIDENT
Name CORBETT, MELVIN TIMOTHY
Address 1295 STATE ST
City-State-Zip: SPRINGFIELD MA 01111-0001

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: TOKUNBO AKINBAJO

**CORPORATE
SECRETARY**

02/24/2022

Electronic Signature of Signing Officer/Director Detail

Date