

**2018 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

**FILED**  
**Apr 20, 2018**  
**Secretary of State**  
**CC9762044763**

**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 FLANAGAN, PIA  
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:** PIA FLANAGAN

**CORPORATE  
SECRETARY**

**04/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date