2019 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

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

Officer/Director Detail :

Title	P&CE	Title	S
Name	CRANDALL, ROGER W	Name	AKINBAJO, TOKUNBO
Address	1295 STATE STREET	Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111	City-State-Zip:	SPRINGFIELD MA 01111
Title	EVP AND CHIEF FINANCIAL OFFICER	Title	EXECUTIVE VICE PRESIDENT
Name	WARD, ELIZABETH A	Name	FANNING, MICHAEL R
Address	1295 STATE ST	Address	1295 STATE ST
City-State-Zip:	SPRINGFIELD MA 01111-0001	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

02/04/2019

Date

FILED Feb 04, 2019 Secretary of State 7941399029CC

Certificate of Status Desired: Yes

Date