

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)

4. FEI Number
06-1041383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 850360

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, ROBERT J	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD, MA 01111	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JAMES E	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD, MA 01111	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	REESE, STUART H	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD, MA 01111	
TITLE	SVPS	<input checked="" type="checkbox"/> Delete
NAME	LOMELI, ANN F	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD, MA 01111	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	KLINE, EDWARD M	
STREET ADDRESS	1295 STATE STREET	
CITY-ST-ZIP	SPRINGFIELD, MA 01111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEE ATTACHED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Kuhn

February 21, 2006 413-744-8411

Date

Daytime Phone #

ATTACHMENT

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#850360

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

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

Stuart H. Reese, Chairman

Isadore Jermyn

Howard Gunton