SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25246** **(0)**

1. Corporation Name
CM ASSURANCE COMPANY

Principal Place of Business	Mailing Address
140 GARDEN STREET HARTFORD CT 06154	140 GARDEN STREET HARTFORD CT 06154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1989**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **06-1182199** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HURWITZ, NORMAN J.
AMERICA'S GATEWAY PARK
8725 NW 18TH TERRACE, PENTHOUSE A
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	XX Change ☐ Addition	
NAME	POND, DONALD H. J	12 NAME	PD - PRESIDENT/DIRECTOR	
STREET ADDRESS	15 WINDMILL RD.	13 STREET ADDRESS	SAMS, DAVID E., JR.	
CITY-ST-ZIP	ENFIELD CT	14 CITY-ST-ZIP	40 PRATTLING POND ROAD FARMINGTON, CT 06031	
TITLE	V	21 TITLE	☐ Change ☐ Addition	
NAME	HALL, GAIL ALLISON	22 NAME		
STREET ADDRESS	114 MEADOW LANE	23 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	☐ Change ☐ Addition	
NAME	LOMELI, PATRICIA ANN F.	32 NAME		
STREET ADDRESS	68 OUTLOOK AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	☒ Change ☐ Addition	
NAME	SULLIVAN, WILLIAM J	42 NAME	TREASURER	
STREET ADDRESS	58 GOOSEBERRY HILL	43 STREET ADDRESS	PETERS, SCOTT C 5 CORNELL CIRCLE	
CITY-ST-ZIP	WETHERSFIELD CT	44 CITY-ST-ZIP	EAST HARTFORD, CT 06108	
TITLE	D	51 TITLE	XX Change ☐ Addition	
NAME	PETRY, PAUL EDWARD	52 NAME	DIRECTOR	
STREET ADDRESS	79 BALFOUR RD.	53 STREET ADDRESS	SAMS, DAVID E., JR. 40 PRATTLING POND ROAD	
CITY-ST-ZIP	WEST HARTFORD CT	54 CITY-ST-ZIP	FARMINGTON, CT 06031	
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott C. Peters TREASURER 7/21/95 (203)987-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCOTT C. PETERS

D178138 FN