SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

3. Date Incorporated or Qualified: 07/19/1989
3a. Date of Last Report: 07/31/1995
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

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt # etc.
28 City & State
29 Zip 30 Country

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

TITLE	PD	☐ DELETE
NAME	SAMS, DAVID E. J	
STREET ADDRESS	40 PRATTLING POND ROAD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	V	☒ DELETE
NAME	HALL, GAIL ALLISON	
STREET ADDRESS	114 MEADOW LANE	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	S	☐ DELETE
NAME	LOMELI, PATRICIA ANN F.	
STREET ADDRESS	68 OUTLOOK AVENUE	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	T	☒ DELETE
NAME	PETERS, SCOTT C	
STREET ADDRESS	5 CORNELL CIRLE	
CITY-ST-ZIP	EAST HARTFORD CT	
TITLE	D	☒ DELETE
NAME	SAMS, DAVID E. J	
STREET ADDRESS	40 PRATTLING POND ROAD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(See attached Schedule)

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann F. Lomeli   Ann F. Lomeli   07/18/96   413/744-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CM ASSURANCE COMPANY
Schedule of Directors and Officers

DIRECTORS:

John B. Davies	**1295 State Street Springfield, MA 01111**
Daniel J. Fitzgerald	**1295 State Street Springfield, MA 01111**
J. Brinke Marcuccilli	**1414 Main Street Springfield, MA 01144-1013**
Stuart H. Reese	**1295 State Street Springfield, MA 01111**
David E. Sams, Jr.	**1295 State Street Springfield, MA 01111**

OFFICERS:

David E. Sams, Jr. President	**(see above address)**
Ann Iseley Treasurer	**1295 State Street Springfield, MA 01111**
Ann Lomeli Secretary	**1295 State Street Springfield, MA 01111**