


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P25246 (0)</b>					
1. Corporation Name <b>CM ASSURANCE COMPANY</b>					
Principal Place of Business <b>140 GARDEN STREET HARTFORD CT 06154</b>			Mailing Address <b>140 GARDEN STREET HARTFORD CT 06154-0001</b>		

FILED

97 MAY 23 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>07/19/1989</b>		3a. Date of Last Report <b>07/30/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>06-1182199</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>HURWITZ, NORMAN J. AMERICA'S GATEWAY PARK 8725 NW 18TH TERRACE, PENTHOUSE A MIAMI FL 33172</b>				10. Name and Address of New Registered Agent <b>81 Name Florida Insurance Commissioner</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City FL 85 Zip Code</b>			
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>SAMS, DAVID E. J</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	(See attached Schedule of Directors and Officers) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>40 PRATTLING POND ROAD</b>	1.2 NAME	
STREET ADDRESS	<b>FARMINGTON CT</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMELI, PATRICIA ANN F.</b>	2.2 NAME	
STREET ADDRESS	<b>68 OUTLOOK AVENUE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>WEST HARTFORD CT</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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: **Ann F. Lomeli** **4/21/97** **413/244-5373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**CM ASSURANCE COMPANY**

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**Board of Directors**

Lawrence V. Burkett, Jr.  
John B. Davies  
Daniel J. Fitzgerald  
Stuart H. Reese

**Officers**

Lawrence V. Burkett, Jr.	President and CEO
Stuart H. Reese	Senior Vice President - Investments
Isadore Jermyn	Senior Vice President and Actuary
Ann Iseley	Treasurer
Ann F. Lomeli	Secretary

Business address for all of the above is

• c/o Massachusetts Mutual Life Insurance Company  
1295 State Street  
• Springfield, MA 01111  
413/788-8411

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April 18, 1997