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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1989

4. FEI Number

06-1182199

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

c/o B040

27

Suite, Apt. #, etc.

1295 State Street

28

City & State

Springfield, MA 01111

29

Zip

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
AMERICA'S GATEWAY PARK  
8725 NW 18TH TERRACE, PENTHOUSE A  
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PCD  
STREET ADDRESS BURKETT, LAWRENCE V JR.  
CITY-ST-ZIP 1295 STATE STREET  
SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME S  
STREET ADDRESS LOMELI, ANN F  
CITY-ST-ZIP 1295 STATE STREET  
SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME SVD  
STREET ADDRESS REESE, STUART H  
CITY-ST-ZIP 1295 STATE STREET  
SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME SVPA  
STREET ADDRESS JERMYN, ISADORE  
CITY-ST-ZIP 1295 STATE STREET  
SPRINGFIELD MA 01111

TITLE ☒ DELETE

NAME I  
STREET ADDRESS ISELEY, ANN  
CITY-ST-ZIP 1295 STATE STREET  
SPRINGFIELD MA 01111

TITLE ☐ DELETE

NAME D  
STREET ADDRESS DAVIES, JOHN B  
CITY-ST-ZIP 1295 STATE STREET  
SPRINGFIELD MA 01111

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T  
Kline, Edward M.  
1295 State Street  
Springfield, MA 01111

600002510036  
-05/04/98--01106--011  
\*\*\*150.00

14. I 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

CR2E034 (10/97)