

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 21 PM 2: 39

DOCUMENT # 849882 (6)
1. Corporation Name
NEW ENGLAND VARIABLE LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
1209 ORANGE STREET 501 BOYLSTON ST
WILMINGTON DE 19001 BOSTON MA 02116-3706

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/31/1981
3a. Date of Last Report 04/05/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	04-2708937	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

NAME AND ADDRESS OF NEW REGISTERED AGENT

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

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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and the if applicable. NOTE: Registered Agent signature required when consulting.

12. OFFICERS AND DIRECTORS	
TITLE	SGC
NAME	WILSON, HAROLD J
STREET ADDRESS	501 BOYLSTON ST
CITY-ST-ZIP	BOSTON MA
TITLE	DCP
NAME	SHAFTO, ROBERT A.
STREET ADDRESS	501 BOYLSTON ST
CITY-ST-ZIP	BOSTON MA
TITLE	D
NAME	KING, KERNAN F.
STREET ADDRESS	501 BOYLSTON ST
CITY-ST-ZIP	BOSTON MA
TITLE	D
NAME	SCHNEIDER, ROBERT E.
STREET ADDRESS	501 BOYLSTON ST
CITY-ST-ZIP	BOSTON MA
TITLE	VT
NAME	THOMPSON, NEWTON H. III
STREET ADDRESS	501 BOYLSTON ST
CITY-ST-ZIP	BOSTON MA 02117
TITLE	V
NAME	MALONE, FRANCIS J.
STREET ADDRESS	501 BOYLSTON ST
CITY-ST-ZIP	BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SGCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilson Harold J
1.3 STREET ADDRESS	501 Boylston St
1.4 CITY-ST-ZIP	Boston Ma
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Frost, Chester R
6.3 STREET ADDRESS	501 Boylston Street
6.4 CITY-ST-ZIP	Boston Ma

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addenda.

SIGNATURE: Chester R. Frost *Chester R. Frost* March 13, 1995 (617)578-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR