

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 24 AM 9:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **849882**

1. Corporation Name  
**NEW ENGLAND LIFE INSURANCE COMPANY**

Principal Place of Business 501 BOYLSTON STREET BOSTON MA 02116-3706 US	Mailing Address ONE MADISON AVE AREA 8EFG NEW YORK NY 10010 US
--	--



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida <b>07/31/1981</b>
		5. FEI Number <b>04-2708937</b> Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Chairman	President, CEO/Director Benson, James M.	501 BOYLSTON ST	BOSTON MA 02117
Dir.	Rein, Catherine A.	700 Quaker Lane	Warwick, RI 02887
Dir.	Nagler, Stewart G.	One Madison Avenue	New York, NY 10010
VP Coun.	Secretary Jordan, Daniel D.	501 BOYLSTON ST	BOSTON MA 02117
VP Treas.	Head, Sharon R.	501 BOYLSTON ST	BOSTON MA 02117
AT	Harrison, Gregory M.	ONE MADISON AVE - Area 8FG	NEW YORK NY 10010

8. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL 32301	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code FL
---	---

**REINSTATEMENT 2000**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

300003454893--2  
 -10/07/00--0100--011  
 \*\*\*750.00\*\*\*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate; and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Gregory M. Harrison  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Gregory M. Harrison, Assistant Treasurer.

300003454893--0  
 -11/07/00--01054--011  
 \*\*\*750.00\*\*\*

10/18/00, 212-578-4832  
 Date Daytime Phone #