

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90075 026 \*\*\*150.00

**DOCUMENT # 849882**

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

**E**

Principal Place of Business

**501 BOYLSTON STREET  
 BOSTON MA 02116-3706  
 US**

Mailing Address

**ONE MADISON AVE  
 AREA 8EFG  
 NEW YORK NY 10010  
 US**

**80038375**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-2708937**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA  
 CAPITAL BLDG  
 TALLAHASSEE FL FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>BENSON, JAMES M</b>	
STREET ADDRESS	<b>501 BOYLSTON ST</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>BENSON, JAMES M</b>	
STREET ADDRESS	<b>501 BOYLSTON ST</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REIN, CATHERINE A</b>	
STREET ADDRESS	<b>700 QUAKER LANE</b>	
CITY-ST-ZIP	<b>WARWICK RI 02887</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NAGLER, STEWART G</b>	
STREET ADDRESS	<b>ONE MADISON AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	
TITLE	<b>VPCS</b>	<input type="checkbox"/> Delete
NAME	<b>JORDAN, DANIEL D</b>	
STREET ADDRESS	<b>501 BOYLSTON ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>HEAD, SHARON R</b>	
STREET ADDRESS	<b>501 BOYLSTON ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph A. Zdeb**  
 Assistant Treasurer

02/20/2002

212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0302034 (9/01)