
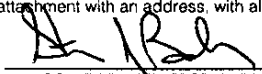


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 021 ***150.00

DOCUMENT # 849882			
1. Entity Name NEW ENGLAND LIFE INSURANCE COMPANY			
Principal Place of Business 501 BOYLSTON STREET BOSTON, MA 02116-3706 US		Mailing Address ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HENRIKSON, C. ROBERT <input type="checkbox"/> Delete X ONE MADISON AVE NEW YORK, NY 10010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, P and CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa M. Weber One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENRIKSON, C. ROBERT <input checked="" type="checkbox"/> Delete ONE MADISON AVE NEW YORK, NY 10010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Sr. V P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hugh C. McHaffie 501 Boylston Street Boston, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRASH, STEVEN J <input type="checkbox"/> Delete ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGLER, STEWART G <input checked="" type="checkbox"/> Delete ONE MADISON AVE. NEW YORK, NY 10010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eileen C. McDonnell One Financial Center Boston, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GAUGHAN, JAMES D <input type="checkbox"/> Delete ONE MADISON AVE NEW YORK, NY 10010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James D. Gaughan One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT WILLIAMSON, ANTHONY J <input type="checkbox"/> Delete ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Steven J. Brash, A T, 04/ 8 /05, 212-578-4832	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04062005 Chg-P CR2E034 (10/03)

4. FEI Number **04-2708937** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required