


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 010 ***150.00

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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**

50010041



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State
 Zip Country

4. FEI Number
04-2708937

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WEBER, LISA M ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MCHAFFIE, HUGH C 501 BOYLSTON ST BOSTON, MA 02116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRASH, STEVEN J ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONNELL, EILEEN C ONE FINANCIAL CENTER BOSTON, MA 02111 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GAUGHAN, JAMES D ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT WILLIAMSON, ANTHONY J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, D Lisa M. Weber One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William J. Wheeler One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S Daniel D. Jordan 501 Boylston Street Boston, MA 02116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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, Assistant Treasurer, 3 / 28 / 2006, 212-578-4852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Metropolitan Life Insurance Company
One MetLife Plaza, 27-01 Queens Plaza North
Long Island City, NY 11101

500/0041
#849882

MetLife[®]

Tax Department

Date: April 3, 2006

To: The Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

From: Florie Gooding – MetLife Tax Department

Florie Gooding

RE: Corporation Annual Report

Enclosed for each of the companies listed below, is the Corporation Annual Report. In addition, you will find individual checks for each company. Please acknowledge receipt of the enclosed documents by placing an "X" in the appropriate box and returning this form in the enclosed postage paid envelope.

Companies	Document #	Corporation Annual Report	Check #
General American Life Insurance Company	809353		000019037
MetLife General Insurance Agency, Inc.	P00572		000699842
MetLife Group, Inc.	F02000006208		000054702
MetLife Investors Distribution Company	F04000003505		000019038
MetLife Securities, Inc.	P06396		000699841
Metropolitan Life Insurance Company	810085		000699843
Metropolitan Tower Life Insurance Company	855868		000699840
New England Life Insurance Company	849882		000016840
The Prospect Company	825304		000006884
Tower Square Securities, Inc.	P05032		000006885
Walnut Street Advisers, Inc.	F93000003823		000019039
Walnut Street Securities, Inc.	P17983		000019040

Thank you, for your cooperation.