


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 015 ***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 - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required			
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, 2007 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	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WEBER, LISA M	NAME					
STREET ADDRESS	ONE METLIFE PLAZA 27-01 QUEENS PLAZA N	STREET ADDRESS					
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	CITY-ST-ZIP					
TITLE	DSVP <input checked="" type="checkbox"/> Delete	TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCHAFFIE, HUGH C	NAME	James W. Koeger				
STREET ADDRESS	501 BOYLSTON ST	STREET ADDRESS	13045 Tesson Ferry Road				
CITY-ST-ZIP	BOSTON, MA 02116	CITY-ST-ZIP	St. Louis, MO 63128				
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRASH, STEVEN J	NAME					
STREET ADDRESS	ONE METLIFE PLAZA 27-01 QUEENS PLAZA N	STREET ADDRESS					
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WHEELER, WILLIAM J	NAME					
STREET ADDRESS	ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N	STREET ADDRESS					
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	CITY-ST-ZIP					
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JORDAN, DANIEL D	NAME					
STREET ADDRESS	501 BOYLSTON ST	STREET ADDRESS					
CITY-ST-ZIP	BOSTON, MA 02116	CITY-ST-ZIP					
TITLE	SVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WILLIAMSON, ANTHONY J	NAME					
STREET ADDRESS	ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N	STREET ADDRESS					
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	CITY-ST-ZIP					
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, 04/11/2007, 212-578-4852					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

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