

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849882

FILED
Apr 22, 2010
Secretary of State

Entity Name: NEW ENGLAND LIFE INSURANCE COMPANY

Current Principal Place of Business:

501 BOYLSTON STREET
BOSTON, MA 021163706 US

New Principal Place of Business:

Current Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - 15TH FLOOR
NEW YORK, NY 10036 US

New Mailing Address:

FEI Number: 04-2708937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCE
Name: FARRELL, MICHAEL K
Address: 10 PARK AVENUE
City-St-Zip: MORRISTOWN, NJ 07962

Title: VP
Name: KOEGER, JAMES W
Address: 13045 TESSON FERRY AVE
City-St-Zip: SAINT LOUIS, MO 63128

Title: VP
Name: MCLINDEN, TIMOTHY J
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: D
Name: WHEELER, WILLIAM J
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: S
Name: TORRES, ISAAC
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: SVT
Name: GOULART, STEVEN J
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY J. MCLINDEN

VP

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date