

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849882

Entity Name: NEW ENGLAND LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE FINANCIAL CENTER
BOSTON, MA 02111

FILED
Mar 29, 2016
Secretary of State
CC0206093182

Current Mailing Address:

13045 TESSON FERRY ROAD
TAX DEPARTMENT, B1-06
ST. LOUIS, MO 63128 US

FEI Number: 04-2708937

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

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

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

Title D
Name BERWANGER, KIMBERLY A
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title S
Name REYNOLDS, TYLA
Address 600 NORTH KING STREET
City-State-Zip: WILMINGTON DE 19801

Title SVP, T
Name DEBEL, MARLENE B
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title AVP
Name WERSCHING, PATRICIA M.
Address 13045 TESSON FERRY ROAD
City-State-Zip: ST. LOUIS MO 63128

Title PRESIDENT, CEO, CHAIRMAN
Name STEIGERWALT, ERIC T.
Address 11225 NORTH COMMUNITY HOUSE ROAD
City-State-Zip: CHARLOTTE NC 28277

Title CFO
Name BELDEN, ANNE M
Address 1 METLIFE PLAZA
27-01 QUEENS PLAZA NORTH
City-State-Zip: LONG ISLAND CITY NY 11101

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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: JAMES W KOEGER

VICE PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARLSON, PETER M
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036