

**2017 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**  
**Apr 28, 2017**  
**Secretary of State**  
**CC4573388735**

**Current Mailing Address:**

11225 NORTH COMMUNITY HOUSE RD  
GRAGG BUILDING  
CHARLOTTE, NC 28277 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 MLIC  
Name KOEGER, JAMES  
Address 13045 TESSON FERRY AVE  
City-State-Zip: SAINT LOUIS MO 63128

Title VP  
Name MCLINDEN, TIMOTHY J  
Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING  
City-State-Zip: CHARLOTTE NC 28277

Title VP, DIRECTOR  
Name BERWANGER, KIMBERLY  
Address 11225 NORTH COMMUNITY HOUSE  
RD  
City-State-Zip: CHARLOTTE NC 28277

Title VP, SECRETARY  
Name ARRINGTON, D. BURT  
Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING  
City-State-Zip: CHARLOTTE MO 63128

Title CHAIRMAN, PRESIDENT, CEO,  
DIRECTOR  
Name MULLINS, KIERAN  
Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING  
City-State-Zip: CHARLOTTE NC 28277

Title VP, CFO, DIRECTOR  
Name DUMAIS, LYNN  
Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING  
City-State-Zip: CHARLOTTE NC 28277

Title VP, TREASURER  
Name CHANG, JIN  
Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING  
City-State-Zip: CHARLOTTE NC 28277

*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 KOEGER**

**VP MLIC**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date