## **2018 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

**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

17122711710022,12 02000 0000 00

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

FILED Apr 23, 2018

**Secretary of State** 

CC8783256871

Officer/Director Detail:

Title VP Title VP, DIRECTOR

Name MCLINDEN, TIMOTHY J Name BERWANGER, KIMBERLY

Address 11225 NORTH COMMUNITY HOUSE Address 11225 NORTH COMMUNITY HOUSE

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GRAGG BUILDING City-State-Zip: CHARLOTTE NC 28277

City-State-Zip: CHARLOTTE NC 28277

Title VP, CFO, DIRECTOR

Name DUMAIS, LYNN

Name ARRINGTON, D. BURT

Address 11225 NORTH COMMUNITY HOUSE RD RD

GRAGG BUILDING City-State-Zip: CHARLOTTE NC 28277

City-State-Zip: CHARLOTTE MO 63128

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: D. BURT ARRINGTON

SECRETARY

**GRAGG BUILDING** 

04/23/2018