SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **802198** **(2)**

1. Corporation Name
NEW ENGLAND MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
INSURANCE ACCOUNTING & REPORTING **501 BOYLSTON ST.** **BOSTON MASSACHUSETTS 02116-3706**	**INSURANCE ACCOUNTING & REPORTING** **501 BOYLSTON ST.** **BOSTON MASSACHUSETTS 02116-3706**

3. Date Incorporated or Qualified: **05/14/1925**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **04-1662730** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER **CAPITOL BLDG.** **TALLAHASSEE, FL 32303**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when qualified.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAFTO, ROBERT A		1.2 NAME		
STREET ADDRESS	501 BOYLSTON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KING, KERNAN F.		2.2 NAME		
STREET ADDRESS	501 BOYLSTON ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, NEWTON H. I		3.2 NAME		
STREET ADDRESS	501 BOYLSTON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	VT	☑ Change ☐ Addition
NAME	FROST, CHESTER R.		4.2 NAME		
STREET ADDRESS	501 BOYLSTON ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALLAHER, JAMES		5.2 NAME		
STREET ADDRESS	501 BOYLSTON ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALL, EDWARD CHILDS		6.2 NAME		
STREET ADDRESS	THE NEW ENGLAND; 501 BOYLSTON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chester R. Frost 4 17 1996 (617)578-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHESTER R. FROST

CR2E034 (3/96)