

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90038 010 \*\*\*150.00

**DOCUMENT # 849882**

1. Entity Name  
**NEW ENGLAND LIFE INSURANCE COMPANY**



Principal Place of Business  
**501 BOYLSTON STREET  
BOSTON, MA 02116-3706 US**

Mailing Address  
**ONE METLIFE PLAZA  
27-01 QUEENS PLAZA N  
LONG ISLAND CITY, NY 11101 US**

**50010041**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**04-2708937**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PCEO  
WEBER, LISA M  
STREET ADDRESS  
CITY-ST-ZIP  
ONE METLIFE PLAZA 27-01 QUEENS PLAZA N  
LONG ISLAND CITY, NY 11101 ☐ Delete

TITLE  
NAME  
P, CEO, D  
Lisa M. Weber  
STREET ADDRESS  
CITY-ST-ZIP  
One MetLife Plaza, 27-01 Queens Plaza N.  
Long Island City, NY 11101 ☐ Change ☒ Addition

TITLE  
NAME  
DSVP  
MCHAFFIE, HUGH C  
STREET ADDRESS  
CITY-ST-ZIP  
501 BOYLSTON ST  
BOSTON, MA 02116 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
AT  
BRASH, STEVEN J  
STREET ADDRESS  
CITY-ST-ZIP  
ONE METLIFE PLAZA 27-01 QUEENS PLAZA N  
LONG ISLAND CITY, NY 11101 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
D  
MCDONNELL, EILEEN C  
STREET ADDRESS  
CITY-ST-ZIP  
ONE FINANCIAL CENTER  
BOSTON, MA 02111 ☒ Delete

TITLE  
NAME  
D  
William J. Wheeler  
STREET ADDRESS  
CITY-ST-ZIP  
One MetLife Plaza, 27-01 Queens Plaza N.  
Long Island City, NY 11101 ☒ Change ☐ Addition

TITLE  
NAME  
SC  
GAUGHAN, JAMES D  
STREET ADDRESS  
CITY-ST-ZIP  
ONE METLIFE PLAZA 27-01 QUEENS PLAZA N  
LONG ISLAND CITY, NY 11101 ☒ Delete

TITLE  
NAME  
VP, S  
Daniel D. Jordan  
STREET ADDRESS  
CITY-ST-ZIP  
501 Boylston Street  
Boston, MA 02116 ☒ Change ☐ Addition

TITLE  
NAME  
SVT  
WILLIAMSON, ANTHONY J  
STREET ADDRESS  
CITY-ST-ZIP  
ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N  
LONG ISLAND CITY, NY 11101 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached address, with all other like empowered.

SIGNATURE:

*Steven J. Brash*

Steven J. Brash, Assistant Treasurer, 3 / 28 / 2006, 212-578-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Metropolitan Life Insurance Company  
One MetLife Plaza, 27-01 Queens Plaza North  
Long Island City, NY 11101

ATTACHMENT

500/0041  
#849882

**MetLife®**

Tax Department

**Date:** April 3, 2006

**To:** The Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**From:** Florie Gooding – MetLife Tax Department

*Florie Gooding*

**RE: Corporation Annual Report**

Enclosed for each of the companies listed below, is the Corporation Annual Report. In addition, you will find individual checks for each company. Please acknowledge receipt of the enclosed documents by placing an "X" in the appropriate box and returning this form in the enclosed postage paid envelope.

Companies	Document #	Corporation Annual Report	Check #
General American Life Insurance Company	809353		000019037
MetLife General Insurance Agency, Inc.	P00572		000699842
MetLife Group, Inc.	F02000006208		000054702
MetLife Investors Distribution Company	F04000003505		000019038
MetLife Securities, Inc.	P06396		000699841
Metropolitan Life Insurance Company	810085		000699843
Metropolitan Tower Life Insurance Company	855868		000699840
New England Life Insurance Company	849882		000016840
The Prospect Company	825304		000006884
Tower Square Securities, Inc.	P05032		000006885
Walnut Street Advisers, Inc.	F93000003823		000019039
Walnut Street Securities, Inc.	P17983		000019040

Thank you, for your cooperation.