

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849882

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NEW ENGLAND LIFE INSURANCE COMPANY

## Current Principal Place of Business:

501 BOYLSTON STREET  
BOSTON, MA 021163706 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - 15TH FLOOR  
NEW YORK, NY 10036 US

FEI Number: 04-2708937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: WEBER, LISA M  
Address: ONE METLIFE PLAZA 27-01 QUEENS PLAZA N  
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: AT ( ) Delete  
Name: KOEGER, JAMES W  
Address: 13045 TESSON FERRY AVE  
City-St-Zip: SAINT LOUIS, MO 63128

Title: AT ( ) Delete  
Name: BRASH, STEVEN J  
Address: ONE METLIFE PLAZA 27-01 QUEENS PLAZA N  
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: D ( ) Delete  
Name: WHEELER, WILLIAM J  
Address: ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N  
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: VPS ( ) Delete  
Name: JORDAN, DANIEL D  
Address: 501 BOYLSTON ST  
City-St-Zip: BOSTON, MA 02116

Title: SVT ( ) Delete  
Name: WILLIAMSON, ANTHONY J  
Address: ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N  
City-St-Zip: LONG ISLAND CITY, NY 11101

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCE (X) Change ( ) Addition  
Name: WEBER, LISA M  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: VP (X) Change ( ) Addition  
Name: KOEGER, JAMES W  
Address: 13045 TESSON FERRY AVE  
City-St-Zip: SAINT LOUIS, MO 63128

Title: VP (X) Change ( ) Addition  
Name: BRASH, STEVEN J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: D (X) Change ( ) Addition  
Name: WHEELER, WILLIAM J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVT (X) Change ( ) Addition  
Name: STEIGERWALT, ERIC T  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN J. BRASH

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date