

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 31 1997 8:00am  
Secretary of State

DOCUMENT # **849887** (5)  
1. Corporation Name  
**NEW ENGLAND PENSION AND ANNUITY COMPANY**

Principal Place of Business  
**501 BOYLSTON STREET  
BOSTON MA 02117**

Mailing Address  
**501 BOYLSTON STREET  
BOSTON MA 02116-3706**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1981</b>	3a. Date of Last Report <b>04/02/1996</b>
21		26		4. FEI Number <b>04-2708941</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
STATE OF FLORIDA CAPITAL BLDG  
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMANN, FREDERICK K	1.2 NAME	
STREET ADDRESS	501 BOYLSTON STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFTO, ROBERT A.	2.2 NAME	
STREET ADDRESS	501 BOYLSTON STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, KERNAN F	3.2 NAME	D Robert Edward Schneider
STREET ADDRESS	501 BOYLSTON ST	3.3 STREET ADDRESS	501 Boylston Street
CITY - ST - ZIP	BOSTON MA	3.4 CITY - ST - ZIP	Boston, Ma 02117
TITLE	GCS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HAROLD J	4.2 NAME	
STREET ADDRESS	501 BOYLSTON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	4.4 CITY - ST - ZIP	
TITLE	VDT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, CHESTER R.	5.2 NAME	
STREET ADDRESS	501 BOYLSTON STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

47578-2000

Daytime Phone # 0000209

CR2E034 (9/96)