


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90012 043 ***150.00

DOCUMENT # P04538					
1. Entity Name NEW ENGLAND REINSURANCE CORPORATION					
Principal Place of Business 150 FEDERAL ST BOSTON, MA 02110-1753		Mailing Address 150 FEDERAL ST BOSTON, MA 02110-1753			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1053492	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBB, DAVID R		NAME		
STREET ADDRESS	4 ARDSLEY WAY		STREET ADDRESS		
CITY-ST-ZIP	AVON, CT 06001		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMALIS, JOHN N		NAME		
STREET ADDRESS	5 JORDAN LANE		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON, CT 06032		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONDINE, SUSAN E		NAME		
STREET ADDRESS	258 MARLBORO ST UNIT 1F		STREET ADDRESS	287 Commonwealth Ave, #2	
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP	Boston, MA 02115	
TITLE	AVAS	<input checked="" type="checkbox"/> Delete	TITLE	AVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, JAMES J		NAME	Raymond J. Godin	
STREET ADDRESS	27 WINDHAM DR		STREET ADDRESS	75 Culloden Dr	
CITY-ST-ZIP	SIMSBURY, CT 06070		CITY-ST-ZIP	Canton, MA 02021	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Raymond J. Godin</i>		Raymond J. Godin		1/4/05 (617) 526-8558	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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