


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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
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U000000474095
04/04/06-80010-003 150.00



DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

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 CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBB, DAVID R 4 ARDSLEY WAY AVON, CT 06001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GIAMALIS, JOHN N 5 JORDAN LANE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRONDINE, SUSAN E 287 COMMONWEALTH AVE., #2 BOSTON, MA 02115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS GODIN, RAYMOND J 75 CULLODEN DR CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: Raymond J. Godin 3/13/06 (617) 526-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #