

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04538

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: NEW ENGLAND REINSURANCE CORPORATION

**Current Principal Place of Business:**

150 FEDERAL ST  
BOSTON, MA 021101753

**New Principal Place of Business:**

**Current Mailing Address:**

150 FEDERAL ST  
BOSTON, MA 021101753

**New Mailing Address:**

FEI Number: 06-1053492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: PD ( ) Delete  
Name: MANEVAL, ANDREW P  
Address: 150 OTIS STREET  
City-St-Zip: NEWTON, MA 02465

Title: VTD ( ) Delete  
Name: GIAMALIS, JOHN N  
Address: 5 JORDAN LANE  
City-St-Zip: FARMINGTON, CT 06032

Title: VPAS ( ) Delete  
Name: GODIN, RAYMOND J  
Address: 75 CULLODEN DR  
City-St-Zip: CANTON, MA 02021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: RAYMOND J. GODIN

VPAS

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date