

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31603

FILED
Mar 23, 2009
Secretary of State

Entity Name: NEW ENGLAND INSURANCE COMPANY

Current Principal Place of Business:

150 FEDERAL STREET
BOSTON, MA 021101753

New Principal Place of Business:

150 FEDERAL STREET
BOSTON, MA 021101753 US

Current Mailing Address:

150 FEDERAL STREET
BOSTON, MA 021101753

New Mailing Address:

150 FEDERAL STREET
BOSTON, MA 021101753 US

FEI Number: 04-2177185

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 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: PD () Delete
Name: MANEVAL, ANDREW P
Address: 150 OTIS STREET
City-St-Zip: NEWTON, MA 02465 US

Title: VTD () Delete
Name: GIAMALIS, JOHN N
Address: 5 JORDAN LN
City-St-Zip: FARMINGTON, CT 06072

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: VTD (X) Change () Addition
Name: GIAMALIS, JOHN N
Address: 5 JORDAN LN
City-St-Zip: FARMINGTON, CT 06072 US

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

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