## 2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 849882** 

**Entity Name: NEW ENGLAND LIFE INSURANCE COMPANY** 

**Current Principal Place of Business:** 

155 FEDERAL STREET SUITE 700

BOSTON, MA 02110

**Current Mailing Address:** 

155 FEDERAL STREET SUITE 700

BOSTON, MA 02110 US

FEI Number: 04-2708937 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 US

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:

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2025

**Secretary of State** 

8846941953CC

Officer/Director Detail:

Title **DIRECTOR** Title **DIRECTOR** 

Name ANDREW, COOK RICHARD Name MICHELLE, COX LINDSEY Address 155 FEDERAL STREET Address 155 FEDERAL STREET

SUITE 700 SUITE 700

BOSTON MA 02110 BOSTON MA 02110 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title - DIRECTOR

MICHELLE, ANNA RACHEL SMITH, DOSCHER MEGHAN Name Name

155 FEDERAL STREET 155 FEDERAL STREET Address Address SUITE 700

SUITE 700

BOSTON MA 02110 City-State-Zip: City-State-Zip: BOSTON MA 02110

DIRECTOR, PRESIDENT, CEO. Title Title **DIRECTOR** 

CHAIRMAN OF THE BOARD ANTHONY, LEINTZ DONALD Name

Name JEAN, FIGARD TARA 155 FEDERAL STREET Address

155 FEDERAL STREET SUITE 700

SUITE 700

BOSTON MA 02110 City-State-Zip: City-State-Zip: BOSTON MA 02110

Title **CFO** Title DIRECTOR

Name HELENE, FIGARO-STERLING GIANNA LEWIS, PAINTER JAMES JR Name

155 FEDERAL STREET Address 155 FEDERAL STREET Address

SUITE 700 SUITE 700

City-State-Zip: BOSTON MA 02110 BOSTON MA 02110

Continues on page 2

I hereby 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 all other like empowered.

04/09/2025 SIGNATURE: JACOB MOISHE JENKELOWITZ SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SECRETARY

Name MOISHE, JENKELOWITZ JACOB

Address 155 FEDERAL STREET

SUITE 700

City-State-Zip: BOSTON MA 02110

Title SECRETARY

Name JENKELOWITZ, JACOB MOISHE

Address 155 FEDERAL STREET

SUITE 700

City-State-Zip: BOSTON MA 02110

Title TREASURER

Name MARIE, MORGAN JANET

Address 155 FEDERAL STREET

SUITE 700

City-State-Zip: BOSTON MA 02110