

501 Boylston Street
Boston, Massachusetts 02116-3700

New England Life Insurance Company Political Action Committee

NELPAC

Chairman

Kathryn F. Plazak

Treasurer

Gregory M. Redmond

Secretary & Counsel

Mitchell A. Karman

Finance Committee

Scott E. Andrews

Johanna B. Becker

Cheryl E. Chivers

Michael J. Heafey

Scott D. McInluff

Edwin R. Miller

Robert C. Prenaner

Richard P. Zampiceni

June 3, 2002

Ms. Angel Williamson
Federal Election Commission
Reports Analyst
999 E Street, NE
Washington, DC 20463

RECEIVED
FEC MAIL ROOM
2002 JUN 11 A 9:59

Dear Ms. Williamson:

Enclosed please find the "Statement of Organization" Form 1. This amended form is for New England Life Insurance Company Political Action Committee (NELPAC) showing that our affiliated committee name has changed from MetPac to MetLife, Inc. Employees' Participation Fund A.

Sincerely,



Gregory M. Redmond
Treasurer

cc: Mitchell A. Karman, Secretary & Counsel

2002 JUN 11 A 9 59

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NEW ENGLAND LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 501 BOYLSTON STREET

(Check if address is changed)

BOSTON MA 02116

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

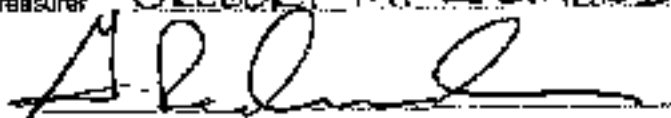
2. DATE 06 03 2002

3. FEC IDENTIFICATION NUMBER ▶ C00113464

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GREGORY M. REDMOND

Signature of Treasurer 

Date 06 04 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
Toll Free 800 424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

METLIFE, INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address ONE MADISON AVENUE

 NEW YORK NY 10010
 CITY STATE ZIP CODE

Relationship AFFILIATED COMMITTEE

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number _____-_____-_____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number _____-_____-_____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number _____-_____-_____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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