

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 815771 (1)
1. Corporation Name
MAYFLOWER NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
**123 N. WACKER DR
CHICAGO IL 123 N. WACKER DR
CHICAGO IL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/16/1961** 3a. Date of Last Report **05/01/1994**
4. FEI Number **75-6009630** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, et Principal Place of Bus./Mailing Address
22 City & State **123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606**
23 Zip **County: COOK**
24 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	PERISHO, RAY N	123 N. WACKER DR.	CHICAGO 00000 IL
T	RABIN, PAUL I	123 N. WACKER DR.	CHICAGO IL
DCHC	THOMAS F. SULLIVAN	123 N. WACKER DRIVE	CHICAGO IL
SD	LORENZ, HUGO A	123 N. WACKER DR.	CHICAGO IL
AVP	GROB, ROBERT	123 N. WACKER DR.	CHICAGO IL
VAS	HANNER, JEROME S	123 N. WACKER DR.	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Robert Grob **ROBERT GROB**

4/26/95

3/2-XI-3978