FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **815771** **(1)**

1. Corporation Name
MAYFLOWER NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
123 NORTH WACKER DRIVE 26 FLOOR CHICAGO IL 60606 US	123 N. WACKER DR CHICAGO IL 60606-1700

3. Date Incorporated or Qualified: 11/16/1961
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 8264
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Chicago IL
Zip — 24:
Country — 25:
Zip — 29: 60606
Country — 30:

4. FEI Number: 75-6009630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERISHO, RAY N		1.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO 00000 IL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	RABIN, PAUL I		2.2 NAME	ARLENE H. HARDY	
STREET ADDRESS	123 N. WACKER DR.		2.3 STREET ADDRESS	123N.WACKER DR.	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DCHC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, KARL L.		3.2 NAME		
STREET ADDRESS	123 N. WACKER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LORENZ, HUGO A		4.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	AVP	☒ DELETE	5.1 TITLE	AVP	☒ Change ☐ Addition
NAME	GROB, ROBERT		5.2 NAME	SUSAN M. FYDA	
STREET ADDRESS	123 N. WACKER DR.		5.3 STREET ADDRESS	123N.WACKER DR.	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	VAS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HANNER, JEROME S		6.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Susan M Fyda 4/24/97 312-822-3970

CR2E034 (9/96)