

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 123 NORTH WACKER DRIVE, 26 FLOOR, CHICAGO IL 60606, US
 Mailing Address: P.O. BOX 8264, CHICAGO IL, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2240 Magazine Street, 22 Suite, Apt. #, etc., 23 New Orleans, La., 24 Zip 70130, 25 Country USA
 2a. Mailing Address: 26 P.O. Box 53187, 27 Suite, Apt. #, etc., 28 New Orleans, La., 29 Zip 70153-3187, 30 Country USA

3. Date Incorporated or Qualified: 11/16/1961
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Same, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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 reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: PERISHO, RAY N STREET ADDRESS: 123 N. WACKER DR. CITY-ST-ZIP: CHICAGO 00000 IL	<input checked="" type="checkbox"/> DELETE
TITLE: T NAME: HARDY, ARLENE STREET ADDRESS: 123 N. WACKER DR. CITY-ST-ZIP: CHICAGO IL	<input checked="" type="checkbox"/> DELETE
TITLE: DCHC NAME: SINGER, KARL L. STREET ADDRESS: 123 N. WACKER DRIVE CITY-ST-ZIP: CHICAGO IL 60606	<input checked="" type="checkbox"/> DELETE
TITLE: SD NAME: LORENZ, HUGO A STREET ADDRESS: 123 N. WACKER DR. CITY-ST-ZIP: CHICAGO IL	<input checked="" type="checkbox"/> DELETE
TITLE: AVP NAME: FYDA, SUSAN M STREET ADDRESS: 123 N. WACKER DR. CITY-ST-ZIP: CHICAGO IL	<input checked="" type="checkbox"/> DELETE
TITLE: VAS NAME: HANNER, JEROME S STREET ADDRESS: 123 N. WACKER DR. CITY-ST-ZIP: CHICAGO IL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P, D 1.2 NAME: Thomas C. Hardy 1.3 STREET ADDRESS: 2240 Magazine Street 1.4 CITY-ST-ZIP: New Orleans, La. 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: D 2.2 NAME: Daniel Nakagawa 2.3 STREET ADDRESS: 2240 Magazine Street 2.4 CITY-ST-ZIP: New Orleans, La. 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: Sr. V, S, D 3.2 NAME: J. Michael Gannon 3.3 STREET ADDRESS: 2240 Magazine Street 3.4 CITY-ST-ZIP: New Orleans, La. 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: Asst. S 4.2 NAME: Peter S. Hyndman 4.3 STREET ADDRESS: 2240 Magazine St. 4.4 CITY-ST-ZIP: New Orleans, La. 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: D 5.2 NAME: Dennis P. Caballero 5.3 STREET ADDRESS: 2240 Magazine Street, New Orleans, La. 5.4 CITY-ST-ZIP: 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: D 6.2 NAME: Donna Campbell 6.3 STREET ADDRESS: 2240 Magazine Street 6.4 CITY-ST-ZIP: New Orleans, La. 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: [Signature]

CR2E034 (5/98)