

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 17 1998 8:00am  
Secretary of State

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

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

2. Principal Place of Business

**21 2240 Magazine Street**

Suite, Apt. #, etc.

City & State

**23 New Orleans, La.**

Zip

**24 70130**

Country

**25 USA**

2a. Mailing Address

**26 P.O. Box 53187**

Suite, Apt. #, etc.

City & State

**28 New Orleans, La.**

Zip

**29 70153-3187**

Country

**30 USA**

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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**P PERISHO, RAY N  
123 N. WACKER DR.  
CHICAGO 00000 IL**

TITLE ☒ DELETE

**T HARDY, ARLENE  
123 N. WACKER DR.  
CHICAGO IL**

TITLE ☒ DELETE

**DCHC SINGER, KARL L.  
123 N. WACKER DRIVE  
CHICAGO IL 60606**

TITLE ☒ DELETE

**SD LORENZ, HUGO A  
123 N. WACKER DR.  
CHICAGO IL**

TITLE ☒ DELETE

**AVP FYDA, SUSAN M  
123 N. WACKER DR.  
CHICAGO IL**

TITLE ☒ DELETE

**VAS HANNER, JEROME S  
123 N. WACKER DR.  
CHICAGO IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**P, D  
Thomas C. Hardy  
2240 Magazine Street  
New Orleans, La. 70130**

2.1 TITLE ☐ Change ☒ Addition

**D  
Daniel Nakagawa  
2240 Magazine Street  
New Orleans, La. 70130**

3.1 TITLE ☐ Change ☒ Addition

**Sr. V, S, D  
J. Michael Gannon  
2240 Magazine Street  
New Orleans, La. 70130**

4.1 TITLE ☐ Change ☒ Addition

**Asst. S  
Peter S. Hyndman 2240 Magazine St.  
New Orleans, La. 70130**

5.1 TITLE ☐ Change ☒ Addition

**D  
Dennis P. Caballero  
2240 Magazine Street, New Orleans, La.  
70130**

6.1 TITLE ☐ Change ☒ Addition

**D  
Donna Campbell  
2240 Magazine Street  
New Orleans, La. 70130**

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)