

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90120 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 815771**

1. Corporation Name

**MAYFLOWER NATIONAL LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**2240 MAGAZINE STREET  
26 FLOOR  
NEW ORLEANS LA 70130  
US**

**P.O. BOX 53187  
NEW ORLEANS LA 70153  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 2240 Magazine Street**

**26**

Suite, Apt. #, etc.

**22**  
City & State

**27**

City & State

**23 New Orleans, LA**

**28**

Zip Country

Zip Country

**24 70130 25 US**

**29 30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HARDY, THOMAS C.**  
STREET ADDRESS **2240 MAGAZINE STREET**  
CITY-ST-ZIP **NEW ORLEANS FL 70130**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **SEE SCHEDULE A ATTACHED HERETO.**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **NAKAGAWA, DANIEL**  
STREET ADDRESS **2240 MAGAZINE STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70130**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VSD** ☐ DELETE  
NAME **GANNON, J. MICHAEL**  
STREET ADDRESS **2240 MAGAZINE STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70130**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE  
NAME **HYNDMAN, PETER S.**  
STREET ADDRESS **2240 MAGAZINE STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70130**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CABALLERO, DENNIS P.**  
STREET ADDRESS **2240 MAGAZINE STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70130**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CAMPBELL, DONNA**  
STREET ADDRESS **2240 MAGAZINE STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70130**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael Gannon**

**February 9, 1999**

504-561

7700

CR2E034 (11/98)

176837-9020-24  
815771

**SCHEDULE A**

**OFFICERS AND DIRECTORS  
OF  
MAYFLOWER NATIONAL LIFE INSURANCE COMPANY**

**DIRECTORS**

Thomas C. Hardy, Chairman

2240 Magazine Street  
New Orleans, LA 70130

Dennis P. Caballero

110 Railroad Avenue  
Donaldsonville, LA 70346

Donna Campbell

50 East River Center Blvd., Ste 800  
Covington, KY 41011

Daniel N. Nakagawa

4126 Norland Avenue  
Burnaby, BC V5G 3S8

Paul Wagler

4126 Norland Avenue  
Burnaby, BC V5G 3S8

J. Michael Gannon

2240 Magazine Street  
New Orleans, LA 70130

**OFFICERS**

Thomas C. Hardy  
Chairman of the Board,  
President and CEO

2240 Magazine Street  
New Orleans, LA 70130

Kenneth Champagne  
VP, Treasurer and CFO

2240 Magazine Street  
New Orleans, LA 70130

J. Michael Gannon  
SVP, Secretary and  
General Counsel

2240 Magazine Street  
New Orleans, LA 70130

Richmon S. Burnside, III  
VP, Operations

2240 Magazine Street  
New Orleans, LA 70130

Michael T. Earle  
Controller

2240 Magazine Street  
New Orleans, LA 70130

Peter S. Hyndman  
Assistant Secretary

4126 Norland Avenue  
Burnaby, BC V5G 3S8