

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815771

1. Entity Name

MAYFLOWER NATIONAL LIFE INSURANCE COMPANY

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90025 048 ***150.00

Principal Place of Business

Mailing Address

2240 MAGAZINE STREET
NEW ORLEANS LA 70130
US

P.O. BOX 53187
NEW ORLEANS LA 70153-3187
US

2. Principal Place of Business

1055 St. Charles Ave.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 600

Suite, Apt. #, etc.

City & State
New Orleans, LA

City & State

Zip
70130

Country
US

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-6009630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARDY, THOMAS C.	
STREET ADDRESS	2240 MAGAZINE STREET	
CITY-ST-ZIP	NEW ORLEANS FL 70130	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAKAGAWA, DANIEL	
STREET ADDRESS	2240 MAGAZINE STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GANNON, J. MICHAEL	
STREET ADDRESS	2240 MAGAZINE STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	2240 MAGAZINE STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABALLERO, DENNIS P.	
STREET ADDRESS	2240 MAGAZINE STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONNA	
STREET ADDRESS	2240 MAGAZINE STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nakagawa, Daniel	
STREET ADDRESS	1055 St. Charles Ave., Ste 600	
CITY-ST-ZIP	New Orleans, LA 70130	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Michael Gannon	
STREET ADDRESS	1055 St. Charles Ave., Ste 600	
CITY-ST-ZIP	New Orleans, LA 70130	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hyndman, Peter S.	
STREET ADDRESS	1055 St. Charles Ave., Ste 600	
CITY-ST-ZIP	New Orleans, LA 70130	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caballero, Dennis P.	
STREET ADDRESS	1055 St. Charles Ave., Ste 600	
CITY-ST-ZIP	New Orleans, LA 70130	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Donna	
STREET ADDRESS	1055 St. Charles Ave., Ste 600	
CITY-ST-ZIP	New Orleans, LA 70130	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

504-561-7700
Daytime Phone #

CR2E034 (9/99)