

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815771

FILED
Mar 17, 2005
Secretary of State

Entity Name: MAYFLOWER NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1055 ST CHARLES AVE
SUITE 600
NEW ORLEANS, LA 70130 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 53187
NEW ORLEANS, LA 70153 US

New Mailing Address:

FEI Number: 72-6009630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: SHIPPER, AARON
Address: 1055 ST CHARLES AVE SUITE 600
City-St-Zip: NEW ORLEANS, LA 70130

Title: VSD () Delete
Name: GANNON, J. MICHAEL
Address: 1055 ST CHARLES AVE SUITE 600
City-St-Zip: NEW ORLEANS, LA 70130

Title: VTD () Delete
Name: CHAMPAGNE, KENNETH
Address: 1055 ST CHARLES AVE SUITE 600
City-St-Zip: NEW ORLEANS, LA 70130

Title: D () Delete
Name: LOWE, JEFFREY
Address: 2225 SHEPPARD AVENUE EAST, SUITE 1100
City-St-Zip: TORONTO, ON M2J 5C2

Title: D () Delete
Name: REDPATH, RONALD E
Address: 20000 EAST SHERIDAN STREET
City-St-Zip: WARSAW, IN 46580

Title: V () Delete
Name: BURNSIDE, RICHMON S
Address: 1055 ST. CHARLES AVE.,STE. 600
City-St-Zip: NEW ORLEANS, LA 70130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: EARLE, MICHAEL T
Address: 1055 ST CHARLES AVE SUITE 600
City-St-Zip: NEW ORLEANS, LA 70130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MICHAEL GANNON

VSD

03/17/2005

Electronic Signature of Signing Officer or Director

_____ Date