

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P11949 (5)

1. Corporation Name

AMERICAN MAYFLOWER LIFE INSURANCE COMPANY OF NEW YORK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:30

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
2 PENN PLAZA
NEW YORK CITY NY 10121

Mailing Address
2 PENN PLAZA
NEW YORK CITY NY 10121

3. Date Incorporated or Qualified
10/30/1986

3a. Date of Last Report
01/26/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
13-5660550

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

28 Zip

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

24 Country

29 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GROSMAN, BARRY
2 PENN PLAZA
NEW YORK NY

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
ETHERSON, JAMES J.
2 PENN PLAZA
NEW YORK NY

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
DAMANTE, ROBERT M.
2 PENN PLAZA
NEW YORK NY

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
GUENGERICH, GARY D.
2 PENN PLAZA
NEW YORK NY

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
MCMAHON, DAVID
2 PENN PLAZA
NEW YORK NY

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
BUTLER, J. ALDEN
2 PENN PLAZA
NEW YORK NY

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DAMANTE

1/12/95

(212) 613-5350