FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P11949** **(5)**

1. Corporation Name

AMERICAN MAYFLOWER LIFE INSURANCE COMPANY OF NEW YORK

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

3. Date Incorporated or Qualified: **10/30/1986**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **13-5660550** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street Apt. #, etc.	27 Street Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 Section 607.0505 and 617.1505, 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(S) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	☐ DELETE	1 TYPE	V/D ☒ Change ☐ Addition
NAME	GROSMAN, BARRY		2 NAME	GROSMAN, BARRY
STREET ADDRESS	2 PENN PLAZA		3 STREET ADDRESS	2 PENN PLAZA
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	NEW YORK NY.
TYPE	V	☐ DELETE	1 TYPE	☐ Change ☒ Addition
NAME	ETHERSON, JAMES J.		2 NAME	Weichan, James
STREET ADDRESS	2 PENN PLAZA		3 STREET ADDRESS	2 PENN PLAZA
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	New York, N.Y.
TYPE	V	☐ DELETE	1 TYPE	☐ Change ☒ Addition
NAME	DAMANTE, ROBERT M.		2 NAME	VERNILYA, George
STREET ADDRESS	2 PENN PLAZA		3 STREET ADDRESS	2 PENN PLAZA
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	New York, N.Y.
TYPE	T	☐ DELETE	1 TYPE	☐ Change ☒ Addition
NAME	GUENGERICH, GARY D.		2 NAME	KIRANE, James
STREET ADDRESS	2 PENN PLAZA		3 STREET ADDRESS	2 PENN PLAZA
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	New York, N.Y.
TYPE	S	☐ DELETE	1 TYPE	☐ Change ☐ Addition
NAME	MCMAHON, DAIVD		2 NAME	
STREET ADDRESS	2 PENN PLAZA		3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	
TYPE	V	☒ DELETE	1 TYPE	☐ Change ☐ Addition
NAME	BUTLER, J. ALDEN		2 NAME	
STREET ADDRESS	2 PENN PLAZA		3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and filed and 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 12 or Block 13 if changed, or added, above.

SIGNATURE: Robert M. Damante 1/16/96 (212)613-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER
ROBERT M. DAMANTE

CR2E034 (12/95)