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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jan 26 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1986

2. Principal Place of Business	2a. Mailing Address
21 125 PARK AVENUE	26 125 PARK AVE
22 Suite, Apt. #, etc. 6TH FLOOR	27 Suite, Apt. #, etc. 6TH FLOOR
23 City & State NEW YORK, N.Y.	28 City & State NEW YORK N.Y.
24 Zip 10017 25 Country USA	29 Zip 10017 30 Country USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ PRES. CEO & DIRECTOR GROSMAN, BARRY J. ~~2 PENN PLAZA~~ 125 PARK AVE NEW YORK NY 10017	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR BELKIN, MARSHALL S. 345 KEAR STREET YORKTOWN HEIGHTS, NY 10598	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ETHERSON, JAMES J. ~~2 PENN PLAZA~~ 125 PARK AVE NEW YORK NY 10017	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR BRITTON, DONALD W. 1st Colony - 700 MAIN STREET LYNCHBURG, VA 24505	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAMANTE, ROBERT M. ~~2 PENN PLAZA~~ 125 PARK AVE NEW YORK NY 10017	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR BYER, RICHARD I. 317 MADISON AVENUE NEW YORK, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GUENGERICH, GARY D. 2 PENN PLAZA NEW YORK NY	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR DOLAN, RONALD V. 1st Colony - 700 MAIN STREET LYNCHBURG, VA 24505	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCMAHON, DAVID H. ~~2 PENN PLAZA~~ 125 PARK AVE NEW YORK NY 10017	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR EIBER, BERNARD M. 55 NORTHERN BLVD - Room 302 GREAT NECK, NY 11021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR HANDLER, JERRY S. 151 WEST 40TH STREET NEW YORK, NY 10018	☐ Change ☒ Addition

CR2E034 (10/97)

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.

SIGNATURE: ~~NOT~~ TO BE REQUIRED 1/19/98

CORPORATION
ANNUAL REPORT

1998

Sandra B. Mortham

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SIGNATURE _____ DATE
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12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	13.1 TITLE	DIRECTOR + SVP	☐ Change ☒ Addition
NAME	GROSMAN, BARRY		13.2 NAME	SMITH, STEVEN A.	
STREET ADDRESS	2 PENN PLAZA		13.3 STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	NEW YORK NY		13.4 CITY-ST-ZIP	RICHMOND, VA 24505	
TITLE	V	☐ DELETE	14.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ETHERSON, JAMES J.		14.2 NAME	STEWART, III GEORGE T.	
STREET ADDRESS	2 PENN PLAZA		14.3 STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	NEW YORK NY		14.4 CITY-ST-ZIP	LYNCHBURG, VA 24505	
TITLE	V	☐ DELETE	15.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DAMANTE, ROBERT M.		15.2 NAME	STIFF, GREGORY	
STREET ADDRESS	2 PENN PLAZA		15.3 STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	NEW YORK NY		15.4 CITY-ST-ZIP	LYNCHBURG, VA 24505	
TITLE	T	☐ DELETE	16.1 TITLE	SVP	☐ Change ☒ Addition
NAME	GUENGERICH, GARY D.		16.2 NAME	ATKINS, JAMES D.	
STREET ADDRESS	2 PENN PLAZA		16.3 STREET ADDRESS	125 PARK AVE	
CITY-ST-ZIP	NEW YORK NY		16.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	☐ DELETE	17.1 TITLE	VP	☐ Change ☒ Addition
NAME	MCMAHON, DAVID		17.2 NAME	ATEY, JOHN W.	
STREET ADDRESS	2 PENN PLAZA		17.3 STREET ADDRESS	125 PARK AVE	
CITY-ST-ZIP	NEW YORK NY		17.4 CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		☐ DELETE	18.1 TITLE	VP	☐ Change ☒ Addition
NAME			18.2 NAME	CASEY, THOMAS W.	
STREET ADDRESS			18.3 STREET ADDRESS	125 PARK AVE	
CITY-ST-ZIP			18.4 CITY-ST-ZIP	NEW YORK, NY 10017	

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Document Number # 0005569