

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

PROFIT ANNUAL
REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90037 025 ****150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P11949

1. Corporation Name

AMERICAN MAYFLOWER LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

125 PARK AVE
6TH FLOOR
NEW YORK CITY NY 10017
US

Mailing Address

125 PARK AVE
6TH FLOOR
NEW YORK CITY NY 10017
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/30/1986

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME GROSMAN, BARRY J
STREET ADDRESS 125 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

TITLE VP ☐ DELETE

NAME ETHERSON, JAMES J
STREET ADDRESS 125 PARK DR
CITY-ST-ZIP NEW YORK NY 10017

TITLE SVP ☐ DELETE

NAME DAMANTE, ROBERT M
STREET ADDRESS 125 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

TITLE D ☐ DELETE

NAME BELKIN, MARSHALL S
STREET ADDRESS 345 KEAR ST
CITY-ST-ZIP YORKTOWN HEIGHTS NY 10598

TITLE S ☐ DELETE

NAME MCMAHON, DAVE H
STREET ADDRESS 125 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

TITLE D ☐ DELETE

NAME BRITTON, DONALD W
STREET ADDRESS 1ST COLONY-700 MAIN ST
CITY-ST-ZIP LYNCHBURG VA 24505

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 888-265-5433

CR2E034 (11/98)