

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90074 030 \*\*\*158.75

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<b>DOCUMENT # P11949</b> 1. Entity Name <b>AMERICAN MAYFLOWER LIFE INSURANCE COMPANY OF NEW YORK</b>					
Principal Place of Business <b>200 OLD COUNTRY ROAD SUITE 240 MINEOLA, NY 11501 US</b>			Mailing Address <b>200 OLD COUNTRY ROAD SUITE 240 MINEOLA, NY 11501 US</b>		
2. Principal Place of Business <b>125 Park Avenue</b>		3. Mailing Address <b>125 Park Avenue</b>		03182004    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>33rd Floor</b>		Suite, Apt. #, etc. <b>33rd Floor</b>			
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>			
Zip <b>10017-5529</b>		Country <b>USA</b>		4. FEI Number <b>13-5660550</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED ZIPPEL, GEORGE 700 MAIN STREET LYNCHBURG, VA 24504</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PRIZZIA, GARY T 6620 W BROAD STREET RICHMOND, VA 23230</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SLOANE, DAVID J 200 OLD COUNTRY ROAD SUITE 240 MINEOLA, NY 11501</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 Park Avenue, 33rd Floor New York, NY 10017-5529</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELKIN, MARSHALL S 345 KEAR ST YORKTOWN HEIGHTS, NY 10598</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD WORTMAN, BETH 700 MAIN STREET LYNCHBURG, VA 24504</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS WORTMAN, BETH 125 PARK AVENUE NEW YORK, NY 10017</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD Malleesch, Eileen 700 Main Street Lynchburg, VA 24504</b>	
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			3/18/04    434-948-5331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Beth Wortman</b>			Date    Daytime Phone #		