


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90176 013 ***158.75

DOCUMENT # P11949		
1. Entity Name AMERICAN MAYFLOWER LIFE INSURANCE COMPANY OF NEW YORK		

Principal Place of Business 125 PARK AVENUE 33RD FLOOR NEW YORK, NY 10117-5529 US	Mailing Address 125 PARK AVENUE 33RD FLOOR NEW YORK, NY 10117-5529 US
---	---

50035788



2. Principal Place of Business 622 Third Avenue	3. Mailing Address 622 Third Avenue
Suite, Apt. #, etc. 33rd Floor	Suite, Apt. #, etc. 33rd Floor
City & State New York, New York	City & State New York, New York
Zip 10017	Country USA

03172005 Chg-P CR2E034 (10/03)

4. FEI Number 13-5660550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED ZIPPEL, GEORGE 700 MAIN STREET LYNCHBURG, VA 24504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President; Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIZZIA, GARY T 6620 W BROAD STREET RICHMOND, VA 23230 <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	DV SLOANE, DAVID J 125 PARK AVENUE, 33RD FLOOR NEW YORK, NY 101175529 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO, Chairman of the Board, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 622 Third Avenue, 33rd Floor New York, New York 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELKIN, MARSHALL S 345 KEAR ST YORKTOWN HEIGHTS, NY 10598 <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	VSD WORTMAN, BETH 700 MAIN STREET LYNCHBURG, VA 24504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, General Counsel and Secretary; Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALLESCH, EILEEN 700 MAIN STREET LYNCHBURG, VA 24504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, CFO, Assistant Treasurer; Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **4/8/05** (434) 948-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #