


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**


03-31-2006 90009 010 \*\*\*158.75

<b>DOCUMENT # P11949</b>		
1. Entity Name <b>AMERICAN MAYFLOWER LIFE INSURANCE COMPANY OF NEW YORK</b>		

Principal Place of Business <b>622 THIRD AVENUE 33RD FLOOR NEW YORK, NY 10017 US</b>	Mailing Address <b>622 THIRD AVENUE 33RD FLOOR NEW YORK, NY 10017 US</b>
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2. Principal Place of Business <b>666 3rd Avenue</b>		3. Mailing Address <b>666 3rd Avenue</b>	
Suite, Apt. #, etc. <b>9th Floor</b>		Suite, Apt. #, etc. <b>9th Floor</b>	
City & State <b>New York, New York</b>		City & State <b>New York, New York</b>	
Zip <b>10017</b>	Country <b>USA</b>	Zip <b>10017</b>	Country <b>USA</b>

**40041344**



03162006 Chg-P CR2E034 (11/05)

4. FEI Number <b>13-5660550</b>	Applied For <input type="checkbox"/> Not Applicable
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	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIPPEL, GEORGE 700 MAIN STREET LYNCHBURG, VA 24504 <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	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	PCEO SLOANE, DAVID J 622 THIRD AVENUE, 33RD FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>666 3rd Avenue, 9th Floor New York, New York 10017</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD MALLESCH, EILEEN 700 MAIN STREET LYNCHBURG, VA 24504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SVP, Chief Actuary, Director James D. Atkins 700 Main Street Lynchburg, VA 24504</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Beth Wortman **3/29/06** (434) 948-5921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**BETH WORTMAN**