

P 119 49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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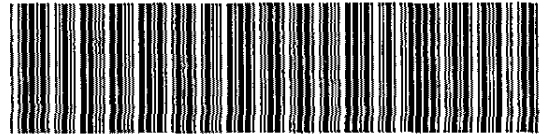
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Withdrawal

02/21/07

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Mayflower Life Insurance Company of New York
(Name of Corporation)

DOCUMENT NUMBER: P11949

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Shelley M. Sullivan Schroeter

(Name of Person)

Genworth Financial, Inc.

(Firm/Company)

6620 West Broad Street, Building 1

(Address)

Richmond, Virginia 23230

(City/State and Zip code)

For further information concerning this matter, please call:

Shelley M. Sullivan Schroeter

(Name of Person)

at (804) 662-2562

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

American Mayflower Life Insurance Company of New York

(Name of Corporation)

P11949

(Document Number of Corporation (if known))

New York

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida. **(effective January 1, 2007)**

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

666 Third Avenue, 9th Floor

(Mailing Address)

New York, New York 10017

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Shelley M. Sullivan Schroeter
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

02/02/07
(Date)

Shelley M. Sullivan Schroeter

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35