

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90280 045 ***158.75

DOCUMENT # P11949

1. Entity 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

200 OLD COUNTRY ROAD

3. Mailing Address

200 OLD COUNTRY ROAD

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

SUITE 240

City & State

MINEOLA, NY

City & State

MINEOLA, NY

Zip

11501

Country

USA

Zip

11501

Country

USA

4. FEI Number

13-5660550

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCED** ☐ Delete
NAME **ZIPPEL, GEORGE**
STREET ADDRESS **125 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **VP** ☒ Delete
NAME **ETHERSON, JAMES J**
STREET ADDRESS **125 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **D** ☐ Delete
NAME **SLOANE, DAVID J**
STREET ADDRESS **125 PARK AVENUE**
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 **SVPS** ☒ Delete
NAME **KING, DONITA M**
STREET ADDRESS **6610 WEST BROAD STREET**
CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **VPAS** ☐ Delete
NAME **WORTMAN, BETH**
STREET ADDRESS **125 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10017**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCED** ☒ Change ☐ Addition
NAME **ZIPPEL, GEORGE**
STREET ADDRESS **700 MAIN STREET**
CITY-ST-ZIP **LYNCHBURG, VA 24504**

TITLE **T** ☐ Change ☒ Addition
NAME **GARY T. PRIZZIA**
STREET ADDRESS **6620 W. BROAD STREET**
CITY-ST-ZIP **RICHMOND, VA 23230**

TITLE **DV** ☒ Change ☐ Addition
NAME **SLOANE, DAVID J.**
STREET ADDRESS **200 OLD COUNTRY ROAD, SUITE 240**
CITY-ST-ZIP **MINEOLA, NY 11501**

TITLE **SEE ATTACHED LIST** ☐ Change ☒ Addition

TITLE **SEE ATTACHED LIST** ☐ Change ☐ Addition

TITLE **VSD** ☒ Change ☐ Addition
NAME **WORTMAN, BETH**
STREET ADDRESS **700 MAIN STREET**
CITY-ST-ZIP **LYNCHBURG, VA 24504**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/03

434 948-5921

CR2E034 (10/02)

Attachment
#P11949

90065956

2003 Uniform Business Report

Due Date: 5/1/03
FEI Number: 13-5660550

Additional Directors:

<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Richard I. Byer
Title	Director
Address	Clark & Pope, Inc. 317 Madison Avenue, Suite 1522
City/ST/Zip	New York, NY 10017

<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Thomas M. Stinson
Title	Director
Address	1650 Los Gatos Drive
City/ST/Zip	San Rafael, CA 94903

<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Bernard M. Eiber
Title	Director
Address	55 Northern Boulevard, Suite 302
City/ST/Zip	Great Neck, NY 11021

<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	James D. Atkins
Title	Senior Vice President
Address	700 Main Street
City/ST/Zip	Lynchburg, VA 24504

<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Jerry S. Handler
Title	Director
Address	Handro Properties 151 West 40th Street
City/ST/Zip	New York, NY 10018

<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Leon A. Roday
Title	Senior Vice President
Address	6620 West Broad Street
City/ST/Zip	Richmond, VA 23230

<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Gerald A. Kaufman
Title	Director
Address	15 Glenwood Road
City/ST/Zip	Plainview, NY 11803

<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Geoffrey S. Stiff
Title	Senior Vice President
Address	6610 West Broad Street
City/ST/Zip	Richmond, VA 23230

<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Director
Name	Isidore Sapir
Title	Director
Address	449 Golden River Drive Golden Lakes Village
City/ST/Zip	West Palm Beach, FL 33411