

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR - 8 PM 2:08

DOCUMENT # P00407 (7)

1. Corporation Name:

THE MERCANTILE AND GENERAL LIFE REASSURANCE COMPANY OF AMERICA

Principal Place of Business: SUITE 3000, 161 BAY, ST CANADA TRUST TOWER TORONTO, ONTARIO M5J 2T6 CANADA

Mailing Address: SUITE 3000, 161 BAY, ST CANADA TRUST TOWER TORONTO, ONTARIO M5J 2T6 CANADA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1983

3a. Date of Last Report: 03/07/1994

4. FEI Number: 13-3126819

Applied For:  Yes  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. City & State

22. Zip

23. Country

24. City & State

25. Zip

26. Mailing Address

27. City & State

28. Zip

29. Country

30. City & State

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State: FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title (applicable) NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, PETER BRIAN	1.2 NAME	
STREET ADDRESS	161 BAY STREET SUITE 3000	1.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO, CANADA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLINO, JOHN VINCENT	2.2 NAME	
STREET ADDRESS	161 BAY STREET SUITE 3000	2.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO, CANADA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, K. G.	3.2 NAME	
STREET ADDRESS	161 BAY STREET STE 3000	3.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO, CANADA	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHL, MALKIT S	4.2 NAME	
STREET ADDRESS	161 BAY ST., STE. 30000	4.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO CANADA	4.4 CITY - ST - ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIAM BOWLES	5.2 NAME	
STREET ADDRESS	161 BAY STREET SUITE 3000	5.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO, CANADA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: K. G. Scott February 14-95 416-947-3800

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT Date Telephone Number