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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P00407 (7)
1. Corporation Name
THE MERCANTILE AND GENERAL LIFE REASSURANCE COMP ANY OF AMERICA



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

3. Date Incorporated or Qualified: 12/28/1983
3a. Date of Last Report: 03/05/1996
4. FEI Number: 13-3126819
Applied For: 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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: 84 City: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTERSON, PETER BRIAN	
STREET ADDRESS	161 BAY STREET SUITE 3000	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASTELLINO, JOHN VINCENT	
STREET ADDRESS	161 BAY STREET SUITE 3000	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCOTT, K. G.	
STREET ADDRESS	161 BAY STREET STE 3000	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEIGHL, MALKIT S	
STREET ADDRESS	161 BAY ST., STE. 30000	
CITY - ST - ZIP	TORONTO CANADA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HARRIS, WILLIAM BOWLES	
STREET ADDRESS	161 BAY STREET SUITE 3000	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 an address.

SIGNATURE: K. G. Scott (Signature) February 3, 1997 (416) 947-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)