

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 811220 (3)

1. Corporation Name

THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)

Principal Place of Business

200 BLOOR ST. E  
TORONTO, ONTARIO M4W-1E5

Mailing Address

ATTN: L.T. FLOR. JR.  
P.O. BOX 640  
BUFFALO NY 14201-0640  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSION  
THE CAPITOL  
TALLAHASSEE FL

3. Date Incorporated or Qualified

08/09/1956

3a. Date of Last Report

06/26/1995

4. FEI Number

01-0233346

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

10. Name and Address of New Registered Agent

81 Name

See attached copy of 1995 Annual Report

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

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

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE SGC  
NAME NESBITT, STEPHEN CRAIG  
STREET ADDRESS 334 ST CLEMENTS AVENUE  
CITY-ST-ZIP TORONTO, ONTARIO

TITLE PDCB  
NAME RICHARDSON, JOHN DAVID  
STREET ADDRESS RR #2  
CITY-ST-ZIP ACTON, ONTARIO

TITLE  
NAME BLOCK, MARTIN FREDERICK  
STREET ADDRESS 28 CANARY CRESCENT  
CITY-ST-ZIP WILLOWDALE, ONTARIO

TITLE FVPA  
NAME OSTLER, JOHN RICHARD  
STREET ADDRESS 1206 ABBEY ROAD  
CITY-ST-ZIP PICKERING, ONTARIO

TITLE D  
NAME COLES, RICHARD BONAR  
STREET ADDRESS 73 INDIAN GROVE  
CITY-ST-ZIP TORONTO, ONTARIO

TITLE D  
NAME GORDON, HERBERT BRUCE  
STREET ADDRESS 19 ABBEYWOOD TRAIL  
CITY-ST-ZIP DON MILLS, ONTARIO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendment with an address.

SIGNATURE:

Martin F. Block  
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 19/96

(416) 926-5904

Date

Daytime Phone #

CR2E034 (12/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$425 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

mailed June 20/95

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
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Secretary of State  
DIVISION OF CORPORATIONS

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Principal Place of Business

Mailing Address

200 BLOOR ST. E  
TORONTO-ONTARIO-CA M4W 1E5  
-US-

P.O. BOX 640  
BUFFALO NY 14201-0640  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1956

3a. Date of Last Report

05/01/1994

4. FEI Number

01-0233346

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2b. Mailing Address

26 Attn: L. T. Flor, Jr.

22 City & State

23 Toronto, Ontario

27 Suite, Apt. #, etc.

28 City & State

24 Zip

24 M4W 1E5

Country

25 Canada

29 Zip

30

Country

30

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

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSION  
THE CAPITOL  
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name

T. A. Donovan

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

4830 West Kennedy Blvd

83

Suite 590, One Urban Center

84 City

Tampa

FL

85 Zip Code

33609

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. I am the registered agent of the corporation. 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

T. A. Donovan  
Region Manager

June 16, 1995

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
NESBITT, STEPHEN C.  
63 ST. CLAIR AVE. W., STE. #205  
TORONTO, ONTARIO

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GORDON, BRUCE H.  
19 ABBEYWOOD TRL  
ONTARIO, CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BLOCK, MARTIN F  
28 CANARY CRESCENT  
WILLOSDALE, ONTARIO FN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARKINSON, DONALD W.  
176 OLD YONGE ST  
ONTARIO, CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PIETROSKI, JOSEPH J.  
161 N MEADOW CRES  
ONTARIO, CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VA  
GUY, GEOFFREY I  
RR #1 ELORA  
ONTARIO, NOB 150

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
334 St. Clements Avenue  
Toronto, Ontario M4R 1H5 Canada

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Don Mills, Ontario M3B 3G4 Canada

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Willowdale, Ontario M2K 1Z1 Canada

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
Coles, Richard B.  
73 Indian Grove  
Toronto, Ontario M6R 2Y5 Canada

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
C/P/D  
Richardson, John D.  
RR #2  
Acton, Ontario L7J 2L8 Canada

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
VA  
Ostler, John R.  
1206 Abbey Road  
Pickering, Ontario L1X 1V9 Canada

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 119.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE: Martin F. Block  
Treasurer

June 16, 1995 (416) 926-5904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

City/Time Phone #

CR2E034 (3/95)