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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 811220			
1. Corporation Name THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)			
Principal Place of Business 200 BLOOR ST. E TORONTO ON M4W 1-5 US		Mailing Address ATTN: L.T. FLOR. JR. P.O. BOX 640 BUFFALO NY 14201-0640 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent DONOVAN, T.A. 4830 WEST KENNEDY BLVD SUITE 590, ONE URBAN CENTER TAMPA FL 33609		10. Name and Address of New Registered Agent 81 Name FLORIDA STATE INSURANCE COMMISSIONER 82 Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING 83 84 City TALLAHASSEE FL 85 Zip Code 32301	
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SGC GALLAGHER, JAMES DAVID 73 TREMONT ST., SUITE 1300 BOSTON MA		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PC RICHARDSON, JOHN DAVID 200 BLOOR ST EAST TORONTO ON		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T WONG, JEAN 200 BLOOR ST EAST TORONTO ON		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPCF VRYSEN, JOHN GYSBERTUS 73 TREMONT ST., SUITE 1300 BOSTON MA		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GUY, GEOFFREY I 200 BLOOR ST EAST TORONTO, ONTARIO M4W 1		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GORDON, HERBERT BRUCE 200 BLOOR ST EAST TORONTO ON		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16, February 1999

(416) 926-3525
Daytime Phone #

CR2E034 (1/98)