

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811220

1. Entity Name

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

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90120 001 ***150.00

Principal Place of Business

200 BLOOR ST. E
TORONTO ON M4W 1-5
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0233346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONOVAN, T.A.
FLORIDA ST INSUR COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32302

Name Thomas A. Donovan
Street Address (P.O. Box Number is Not Acceptable) 4429 St. Croix Drive
City Tampa FL 33629

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC GALLAGHER, JAMES DAVID 73 TREMONT ST., SUITE 1300 BOSTON MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RICHARDSON, JOHN DAVID 200 BLOOR ST EAST TORONTO ON <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WONG, JEAN <input checked="" type="checkbox"/> Delete 200 BLOOR ST EAST TORONTO ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF VRYSEN, JOHN GYSBERTUS <input type="checkbox"/> Delete 73 TREMONT ST., SUITE 1300 BOSTON MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUY, GEOFFREY I <input type="checkbox"/> Delete 200 BLOOR ST EAST TORONTO, ONTARIO M4W 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GORDON, HERBERT BRUCE 200 BLOOR ST EAST TORONTO ON

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Denis Turner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Bloor St. East Toronto, Ontario M4W 1E5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Actuary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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 #

20 Apr 2000

416 926 3425

CR2E034 (9/99)

511220

Attahment

725700

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

DIRECTORS AND OFFICERS INFORMATION

As of April 20, 2000

(Additions)

TITLE: PD
NAME: John David DesPrez, III
ADDRESS: 73 Tremont Street, Suite 1300
Boston, MA 02116-3915

TITLE: D
NAME: Felix Ping-Ching Chee
ADDRESS: 200 Bloor Street East
Toronto, ON M4W 1E5

TITLE: D
NAME: Joseph John Pietroski
ADDRESS: 200 Bloor Street East
Toronto, ON M4W 1E5

TITLE: D
NAME: James Patrick O'Malley
ADDRESS: 200 Bloor Street East
Toronto, ON M4W 1E5

TITLE: D
NAME: Robert Allen Cook
ADDRESS: 73 Tremont Street, Suite 1300
Boston, MA 02116-3915

TITLE: D
NAME: Rex Elbridge Schlaybaugh, Jr.
ADDRESS: 735 Shirley
Birmingham, MI 48009