2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 811220

Entity Name: THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)

Current Principal Place of Business:

500 BOYLSTON STREET
BOSTON, MA 02116 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 640
BUFFALO, NY 142010640 US

New Mailing Address:

FEI Number: 01-0233346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SGC	( ) Delete
Name:	GALLAGHER, JAMES DAVID	
Address:	73 TREMONT ST., SUITE 1300	
City-St-Zip:	BOSTON, MA	
Title:	PC	( ) Delete
Name:	DESPREZ, JOHN D III	
Address:	73 TREMONT ST., STE 1300	
City-St-Zip:	BOSTON, MA	
Title:	T	( ) Delete
Name:	TURNER, DENIS	
Address:	200 BLOOR ST. EAST	
City-St-Zip:	TORONTO, ONTARIO, CA M4W1E5	
Title:	D	( ) Delete
Name:	GUY, GEOFFREY I	
Address:	200 BLOOR ST EAST	
City-St-Zip:	TORONTO, ONTARIO, CA M4W1E5	
Title:	D	( ) Delete
Name:	O'MALLEY, JAMES P	
Address:	200 BLOOR ST EAST	
City-St-Zip:	TORONTO, ONTARIO, CA M4W1E5	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENIS TURNER TREA 04/29/2004

Electronic Signature of Signing Officer or Director Date