

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 # 842141 (4)

1. Corporation Name

THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business

500 NORTH WOODWARD AVE
BLOOMFIELDS HILLS MI 48304
US

Mailing Address

PO BOX 633
BUFFALO NY 14201-0633
US

3. Date Incorporated or Qualified
12/21/1979

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
23-2030787

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32304

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

(Signature typed or printed name of registered agent and life if applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	GULOIEN, DONALD A.	200 BLOOR ST E	TORONTO, ONTARIO	<input type="checkbox"/>
SD	NESBITT, STEPHEN C.	200 BLOOR ST E	TORONTO, ONTARIO	<input checked="" type="checkbox"/>
VTD	ASTLER, JOHN R	200 BLOOR ST., E	TORONTO, ONTARIO	<input type="checkbox"/>
D	PIETROSKI, JOSEPH J.	200 BLOOR ST E	TORONTO, ONTARIO	<input type="checkbox"/>
D	DAY, LEONARD V.	200 BLOOR ST, E.	TORONTO, ONTARIO	<input checked="" type="checkbox"/>
D	BLACKBURN, JAMES H	200 BLOOR ST, E.	TORONTO, ONTARIO	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
P D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
S D	Gallagher, James D.	200 Bloor St. E	Toronto, Ontario CN M4W1E5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
V T	Ostler, John R.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
D	Richardson, John D.	200 Bloor St. E.	Toronto, Ontario CN M4W1E5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
D	Gordon, Bruce	200 Bloor St. E.	Toronto, Ontario CN M4W1E5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 attachment with an address.

SIGNATURE: *Shen Kocer* Asst. Secretary &

May 14, 1996

(416) 926-3473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Counsel

Date

Daytime Phone #

CR2E034 (12/95)