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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90026 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842141

1. Corporation Name

THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business
**500 NORTH WOODWARD AVE
BLOOMFIELD MI 48304
US**

Mailing Address
**P.O. BOX 633
BUFFALO NY 14201-0633
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULOIEN, DONALD A	1.2 NAME	
STREET ADDRESS	200 BLOOR ST E	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JAMES D	2.2 NAME	
STREET ADDRESS	200 BLOOR ST E	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M4W1E-5	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTLER, JOHN R	3.2 NAME	
STREET ADDRESS	200 BLOOR ST., E	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETROSKI, JOSEPH J	4.2 NAME	
STREET ADDRESS	200 BLOOR ST E	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JOHN D	5.2 NAME	
STREET ADDRESS	200 BLOOR ST E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, BRUCE	6.2 NAME	
STREET ADDRESS	200 BLOOR ST. E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M4W1E-5	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16. February 1999

(Date)

(416) 926-3525

Daytime Phone #

CR2E034 (11/98)