

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842141

1. Entity Name

THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMER

Principal Place of Business

500 NORTH WOODWARD AVE
BLOOMFIELD MI 48304
US

Mailing Address

P.O. BOX 633
BUFFALO NY 14201 0633
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 23-2030787

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

TITLE PD ☐ Delete

NAME GULOIEN, DONALD A
STREET ADDRESS 200 BLOOR ST E
CITY-ST-ZIP TORONTO, ONTARIO

TITLE SD ☐ Delete

NAME GALLAGHER, JAMES D
STREET ADDRESS 200 BLOOR ST E
CITY-ST-ZIP TORONTO ONTARIO CANADA M4W1E-5

TITLE VT ☒ Delete

NAME WONG, JEAN
STREET ADDRESS 200 BLOOR ST., E
CITY-ST-ZIP TORONTO, ONTARIO M4-W1E5

TITLE D ☐ Delete

NAME PIETROSKI, JOSEPH J
STREET ADDRESS 200 BLOOR ST E
CITY-ST-ZIP TORONTO, ONTARIO

TITLE C ☐ Delete

NAME RICHARDSON, JOHN D
STREET ADDRESS 200 BLOOR ST E.
CITY-ST-ZIP TORONTO ONTARIO CANADA

TITLE D ☐ Delete

NAME O'MALLEY, JAMES P
STREET ADDRESS 200 BLOOR ST. E.
CITY-ST-ZIP TORONTO ONTARIO CANADA M4W1E-5

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Denis Turner
STREET ADDRESS 200 Bloor Street East
CITY-ST-ZIP Toronto, Ontario M4W 1E5

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

20 Apr 2000

416 926 3425

Date

Daytime Phone #

#892141

405990

THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA

DIRECTORS AND OFFICERS INFORMATION

As of April 20, 2000

(Additions)

TITLE: Actuary
NAME: John Gysbertus Vrysen
STREET ADDRESS: 73 Tremont Street, Suite 1300
Boston, MA 02116-3915

TITLE: D
NAME: Sandra Miller Cotter
STREET ADDRESS: 10820 W. Parks Road
Fowler, MI 48835-9108

TITLE: D
NAME: Theodore Francis Kilkuskie, Jr.
STREET ADDRESS: 73 Tremont Street, Suite 1300
Boston, MA 02108-3915

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Manulife Financial

1 June 2000

Florida Department of Insurance
Document Processing Section
P.O. Box 5320
Tallahassee, FL 32314-5320

RE: *Change in Registered Agent*
The Manufacturers Life Insurance Company of America, NAIC # 87793

Dear Sir or Madam,

Effective immediately, **Thomas A. Donovan** has been appointed as Registered Agent, in the State of Florida, for the Manufacturers Life Insurance Company of America.
His address is as follows:

Thomas A. Donovan
4929 St. Croix Drive
Tampa, FL 33629

If you have any questions or concerns, please call (416) 926-3000 ext. 5110.

Sincerely,

Jen Gschwind
U.S. Compliance Associate