

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842141

1. Entity Name

THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA

FILED  
Jul 16, 2002 8:00 am  
Secretary of State

05-27-2002 90396 013 \*\*\*150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2030787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
After September 13, 2002 Fee will be \$750.00  
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  
NAME GULOIEN, DONALD A  
STREET ADDRESS 200 BLOOR ST E  
CITY-ST-ZIP TORONTO, ONTARIO ☐ Delete

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

TITLE T  
NAME TURNER, DENIS  
STREET ADDRESS 200 BLOOR ST. E  
CITY-ST-ZIP TORONTO, ONTARIO M4-W1E5 ☐ Delete

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

TITLE C  
NAME RICHARDSON, JOHN D  
STREET ADDRESS 200 BLOOR ST E  
CITY-ST-ZIP TORONTO ONTARIO CANADA ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*See Attachment*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

The Manufacturers Life Insurance Company of America

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

500 Boylston Street, Suite 400

3. Mailing Address

P. O. Box 633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boston, Massachusetts

City & State

Buffalo, NY

Zip

02116-3739

Country

US

Zip

14201-0633

Country

US

4. FEI Number

23-2030787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas A. Donovan

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

4929 St-Croix Drive

City

Tampa

FL

Zip Code

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 resigning)

DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	Guloien, Donald A	200 Bloor Street East	Toronto, Ontario, Canada M4W 1E5
SD	Gallagher, James D	73 Tremont Street, Suite 1300	Boston, MA 02108-3915
T	Turner, Denis	200 Bloor Street East	Toronto, Ontario, Canada M4W 1E5
D	Pietroski, Joseph J	200 Bloor Street East	Toronto, Ontario, Canada M4W 1E5
D	Richardson, John D	200 Bloor Street East	Toronto, Ontario, Canada M4W 1E5
D	O'Malley, James P	200 Bloor Street East	Toronto, Ontario, Canada M4W 1E5

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 416-926-3425

Date

Daytime Phone

Leo L. Flor, Jr.

CR2E034B (12/01)

Attachment 38884  
842141

**Manulife Financial**

THE MANUFACTURERS LIC OF AMERICA  
NAIC #87793

The Manufacturers Life Insurance Company (U.S.A.)

000001604

Month	Day	Year
04	30	2002

Co. 19-EL 974 50-837  
-213-

Pay to the Order of

\*\*DEPARTMENT OF STATE\*\*

In the Amount of  
\$ \*\*150.00\*\* (USD)

*[Signature]*  
DATE: 04/30/02  
AUTHORIZED SIGNING OFFICER

Chase Manhattan Bank, N.A. Syracuse New York

⑈000001604⑈ ⑆021309379⑆ 601851868⑈

Please see attached proof  
of payment as of April 1/02