

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842141

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

500 NORTH WOODWARD AVE  
BLOOMFIELD, MI 48304 US

**New Principal Place of Business:**

38500 WOODWARD AVENUE  
BLOOMFIELD, MI 48304 US

**Current Mailing Address:**

P.O. BOX 633  
BUFFALO, NY 142010633 US

**New Mailing Address:**

**FEI Number:** 23-2030787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA STATE INSURANCE COMMISSION  
THE CAPITAL BUILDING  
TALLAHASSEE, FL 32304 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: PD ( ) Delete  
Name: GULOIEN, DONALD A  
Address: 200 BLOOR ST E  
City-St-Zip: TORONTO, ONTARIO,

Title: SD ( ) Delete  
Name: GALLAGHER, JAMES D  
Address: 200 BLOOR ST E  
City-St-Zip: TORONTO ONTARIO CANADA, M4W1E5

Title: T ( ) Delete  
Name: TURNER, DENIS  
Address: 200 BLOOR ST., E  
City-St-Zip: TORONTO, ONTARIO, M4W1E5

Title: D ( ) Delete  
Name: COTTER, SANDRA M  
Address: 200 BLOOR STREET EAST  
City-St-Zip: TORONTO, ONTARIO CANADA,

Title: D ( ) Delete  
Name: OSTLER, JOHN R  
Address: 200 BLOOR STREET EAST  
City-St-Zip: TORONTO ONTARIO CANADA,

Title: D ( ) Delete  
Name: O'MALLEY, JAMES P  
Address: 200 BLOOR ST. E.  
City-St-Zip: TORONTO ONTARIO CANADA, 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:

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

T

04/30/2004

Electronic Signature of Signing Officer or Director

Date