


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90047 043 ***550.00

DOCUMENT # 842141 1. Entity Name THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA					
Principal Place of Business 38500 WOODWARD AVENUE 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		07132005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 23-2030787	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLORIDA STATE INSURANCE COMMISSION THE CAPITAL BUILDING TALLAHASSEE, FL 32304			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GULOIEN, DONALD A 200 BLOOR ST E TORONTO, ONTARIO,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P James D. Gallagher 200 Bloor Street East Toronto, Ontario, CA M4W1E5
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GALLAGHER, JAMES D 200 BLOOR ST E TORONTO ONTARIO CANADA, M4W1E5	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Denis Turner 200 Bloor Street, East Toronto, Ontario, CA M4W1E5
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TURNER, DENIS 200 BLOOR ST., E TORONTO, ONTARIO, M4W1E5	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Patrick Joseph Gill 380 Stuart Street Boston, MA 02117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COTTER, SANDRA M 200 BLOOR STREET EAST TORONTO, ONTARIO CANADA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSTLER, JOHN R 200 BLOOR STREET EAST TORONTO ONTARIO CANADA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'MALLEY, JAMES P 200 BLOOR ST. E. TORONTO ONTARIO CANADA, M4W1E5	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Denis Turner</u> DENIS TURNER <u>Vulu 28, 2005 416-926-6293</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					