2003 FOR. PROFIT CORPORATION ... BUSINESS REPORT (...)

DOCUMENT # 842141

1. Entity Name
THE MANUFACTURERS LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
500 NORTH WOODWARD AVE BLOOMFIELD MI 48304 US	P.O. BOX 633 BUFFALO NY 14201-0633 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -9 PM 3:53

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITAL BUILDING TALLAHASSEE FL 32304	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 September 15, 2003 Fee will be $550.00
Make Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400020966974 06/18/03--01039--011 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLAGHER, JAMES D 200 BLOOR ST E TORONTO ONTARIO CANADA M4W1E-5	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, DENIS 200 BLOOR ST., E TORONTO, ONTARIO M4-W1E5	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETROSKI, JOSEPH J 200 BLOOR ST E TORONTO, ONTARIO	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cotter, Sandra M. 200 Bloor Street East M4W 1E5 ~~Toronto, Ontario Canada~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RICHARDSON, JOHN D 200 BLOOR ST E. TORONTO ONTARIO CANADA	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ostler, John R. 200 Bloor Street East	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, JAMES P 200 BLOOR ST. E. TORONTO ONTARIO CANADA M4W1E-5	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Toronto, Ontario Canada M4W 1E5	☐ 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: [signature] April 30, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L. T. FLOR JR Date Daytime Phone # 416-926-3425

DIRECTOR, US Compliance