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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846731

1. Corporation Name

THE MANUFACTURERS LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business

116 HUNTINGTON AVENUE
BOSTON MA 02116
US

Mailing Address

73 TREMONT STREET
BOSTON MA 02108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1980

4. FEI Number

22-2265014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **RICHARDSON, JOHN D**
STREET ADDRESS **200 BLOOR STREET EAST**
CITY-ST-ZIP **TORONTO ONTARIO M4W1E5**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **HUTCHINSON, PETER**
STREET ADDRESS **5650 YONGE STREET**
CITY-ST-ZIP **NORTH YORK, ONTARIO**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **DSPREZ, JOHN D III**
STREET ADDRESS **73 TREMONT STREET**
CITY-ST-ZIP **BOSTON MA**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **BOYLE, JAMES R**
STREET ADDRESS **73 TREMONT STREET**
CITY-ST-ZIP **BOSTON MA**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **GALLAGHER, JAMES D**
STREET ADDRESS **73 TREMONT STREET**
CITY-ST-ZIP **BOSTON MA**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **LIBBEY, DAVID W**
STREET ADDRESS **73 TREMONT STREET**
CITY-ST-ZIP **BOSTON MA**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

16 February 1999

(416) 926-3525

Daytime Phone #

CR2E034 (11/98)