

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90006 042 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 846731**

1. Entity Name

**THE MANUFACTURERS LIFE INSURANCE COMPANY OF NORT**

Principal Place of Business

116 HUNTINGTON AVENUE  
 BOSTON MA 02116  
 US

Mailing Address

73 TREMONT STREET  
 BOSTON MA 02108

2. Principal Place of Business

**500 Boylston Street**

3. Mailing Address

**500 Boylston Street**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Boston, MA**

City & State

**Boston, MA**

Zip

Country

**U.S.A**

Zip

Country

**U.S.A**

4. FEI Number

**22-2265014**

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 CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

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.

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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>RICHARDSON, JOHN D</b> <b>200 BLOOR STREET EAST</b> <b>TORONTO ONTARIO M4W1E5</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUTCHINSON, PETER</b> <b>5650 YONGE STREET</b> <b>NORTH YORK, ONTARIO</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KILKUSKIE, THEODORE F</b> <b>73 TREMONT STREET</b> <b>BOSTON MA 02108</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOYLE, JAMES R</b> <b>73 TREMONT STREET</b> <b>BOSTON MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GALLAGHER, JAMES D</b> <b>73 TREMONT STREET</b> <b>BOSTON MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>LIBBEY, DAVID W</b> <b>73 TREMONT STREET</b> <b>BOSTON MA</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**P/D**  
**Boyle, James R**  
**500 Boylston St., Ste 400**  
**Boston, MA 02116-3739**

**T/D**  
**Libbey, David W**  
**500 Boylston Street, Suite 400**  
**Boston, MA 02116-3739**

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 a name like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 July 2000 416 926 5425**

Date

Daytime Phone #

CR2E034 (5/00)

(attachment)  
#Doc 846731  
BC104099

**THE MANUFACTURERS LIFE INSURANCE COMPANY OF NORTH AMERICA**

**DIRECTORS AND OFFICERS INFORMATION**

**As of July 25, 2000**

**(Attachment)**

**TITLE:** A (Actuary)  
**NAME:** John Gysbertus Vrysen  
**ADDRESS:** 73 Tremont Street, Suite 1300  
Boston, MA 02108-3915

**TITLE:** D  
**NAME:** John David DesPrez, III  
**ADDRESS:** 73 Tremont Street, Suite 1300  
Boston, MA 02108-3915