

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001968 (4)

1. Corporation Name  
MANULIFE REINSURANCE CORPORATION (U.S.A.)

Principal Place of Business  
200 BLOOR STREET EAST  
TORONTO ON M4W1E  
US

Mailing Address  
PO BOX 600  
BUFFALO NY 14201-0100  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-2450502	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

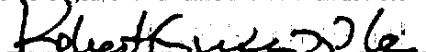
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	STAIT-GARDNER, ZANE	1.2 NAME	STAIT-GARDNER, ZANE
STREET ADDRESS	200 BLOOR STREET EAST	1.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP	TORONTO ON	1.4 CITY-ST-ZIP	TORONTO, ON
TITLE	VP	2.1 TITLE	D
NAME	KELLEHER, PATRICK B	2.2 NAME	KELLEHER, PATRICK B
STREET ADDRESS	200 BLOOR STREET EAST	2.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP	TORONTO ON	2.4 CITY-ST-ZIP	TORONTO, ON
TITLE	S	3.1 TITLE	V/S
NAME	WEPPLER, ROBERT G	3.2 NAME	WEPPLER, ROBERT G
STREET ADDRESS	200 BLOOR STREET EAST	3.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP	TORONTO ON	3.4 CITY-ST-ZIP	TORONTO, ON
TITLE	V	4.1 TITLE	
NAME	ELGIE, DENNIS R	4.2 NAME	
STREET ADDRESS	200 BLOOR ST EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	P
NAME	SENN, JAMES R	5.2 NAME	SENN, JAMES R
STREET ADDRESS	200 BLOOR ST EAST	5.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP	TORONTO ON	5.4 CITY-ST-ZIP	TORONTO, ON
TITLE	T	6.1 TITLE	ACTUARY
NAME	ALLISON, JEAN E	6.2 NAME	WILSON, JOHN ROGER
STREET ADDRESS	200 BLOOR STREET EAST	6.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP	TORONTO ON	6.4 CITY-ST-ZIP	TORONTO, ON

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.

SIGNATURE:  Robert Gordon Weppler Apr. 15/98 (416) 926-0000x6301

CR2E034 (10/97)