

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001968

1. Entity Name

MANULIFE REINSURANCE CORPORATION (U.S.A.)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90056 012 ***150.00

Principal Place of Business

200 BLOOR STREET EAST
TORONTO ON M4W1E
US

Mailing Address

PO BOX 600
BUFFALO NY 14201-0600
US

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

38-2450502

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

Name

Thomas A. Donovan

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

4429 St. Croix Drive

City

Tampa

FL

Zip Code

33629

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIT-GARDNER, ZANE 200 BLOOR STREET EAST TORONTO ON	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHAFFIE, HUGH C 200 BLOOR ST., E TORONTO ON	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WEPPLER, ROBERT G 200 BLOOR STREET EAST TORONTO ON	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A VRYSEN, JOHN G 73 TREMONT ST., STE 1300 BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENN, JAMES R 200 BLOOR ST EAST TORONTO ON	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLISON, JEAN E 200 BLOOR STREET EAST TORONTO ON	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lynne Patterson 200 Bloor Street East Toronto, Ontario M4W 1E5	<input type="checkbox"/> Change <input checked="" 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	D	<input checked="" 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 Apr 2000 446 926 3425

CR2E034 (9/99)

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A0052733

MANULIFE REINSURANCE CORPORATION (U.S.A.)

DIRECTORS AND OFFICERS INFORMATION

As of April 20, 2000

(Additions)

TITLE: D
NAME: David William Libbey
ADDRESS: 500 Boylston Street, Suite 400
Boston, MA 02116-3739

TITLE: D
NAME: Rex Elbridge Schlaybaugh, Jr.
ADDRESS: 735 Shirley
Birmingham, MI 48009

TITLE: D
NAME: John David Richardson
ADDRESS: 200 Bloor Street East
Toronto, Ontario
M4W 1E5

TITLE: D
NAME: Raymond Louis Britt, Jr.
ADDRESS: 73 Tremont Street, Suite 1300
Boston, MA 02108-3915