

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001968

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

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90001 016 ***150.00

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

Mailing Address
PO BOX 600
BUFFALO NY 14201-0100
US

813885



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-2450502

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DONOVAN, THOMAS A
4929 ST CROIX DRIVE
TAMPA FL 33629

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 \$150.00
After MAY 1, 2001 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	VO	<input type="checkbox"/> Delete
NAME	PATTERSON, LYNNE	
STREET ADDRESS	200 BLOOR STREET E	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M4W- 1E5	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WEPPLER, ROBERT G	
STREET ADDRESS	200 BLOOR STREET EAST	
CITY-ST-ZIP	TORONTO ON	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VRYSEN, JOHN G	
STREET ADDRESS	73 TREMONT ST., STE 1300	
CITY-ST-ZIP	BOSTON MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SENN, JAMES R	
STREET ADDRESS	200 BLOOR ST EAST	
CITY-ST-ZIP	TORONTO ON	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, JEAN E	
STREET ADDRESS	200 BLOOR STREET EAST	
CITY-ST-ZIP	TORONTO ON	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Libbey, David W.	
STREET ADDRESS	500 Boylston St., Ste. 400	
CITY-ST-ZIP	boston, MA 02116-3739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hogeveen, Richard	
STREET ADDRESS	200 Bloor St., East	
CITY-ST-ZIP	Toronto, On M4W 1E5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

416-926-3425

CR2E034 (10/00)