FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **803136** **(1)**

1. Corporation Name

JOHN HANCOCK, MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
JOHN HANCOCK PLACE. P.O. BOX 111 BOSTON MA 02117	JOHN HANCOCK PLACE. P.O. BOX 111 BOSTON MA 02117

3. Date Incorporated or Qualified: **03/15/1927**

3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **04-1414660** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
STATE OF FLORIDA CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 of new registered agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANBORN,BARRY P.(ASST.)		1.2 NAME	
STREET ADDRESS	JOHN HANCOCK PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN,STEPHEN L.		2.2 NAME	
STREET ADDRESS	JOHN HANCOCK PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOYAN, WILLIAM L		3.2 NAME	
STREET ADDRESS	JOHN HANCOCK PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SKRINE, BRUCE E		4.2 NAME	
STREET ADDRESS	JOHN HANCOCK PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FARADY, JOHN T.		5.2 NAME	
STREET ADDRESS	JOHN HANCOCK PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCIPIONE, RICHARD S.		6.2 NAME	
STREET ADDRESS	JOHN HANCOCK PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barry P. Sanborn 1/22/96 617-572-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #