


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

FILED  
Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **803136**

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  
**01/26/96**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. F.E.I. 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

10. Name and Address of New Registered Agent

**Florida Insurance Commissioner  
State of Florida Capitol Building  
Tallahassee, FL 32304**

81 Name

**Peter F. Sousa c/o CT Corporation System**

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

**1201 South Pine Island Road**

83

84 City

**Plantation**

**FL**

85 Zip Code

**33324**

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 **Peter F. Sousa**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/31/97**  
DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>Sanborn, Barry P. (Asst.)</b>	
STREET ADDRESS	<b>John Hancock Place</b>	
CITY-ST-ZIP	<b>Boston, MA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Brown, Stephen L.</b>	
STREET ADDRESS	<b>John Hancock Place</b>	
CITY-ST-ZIP	<b>Boston, MA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Boyan, William L.</b>	
STREET ADDRESS	<b>John Hancock Place</b>	
CITY-ST-ZIP	<b>Boston, MA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>Skrine, Bruce E</b>	
STREET ADDRESS	<b>John Hancock Place</b>	
CITY-ST-ZIP	<b>Boston, MA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>Farady, John T.</b>	
STREET ADDRESS	<b>John Hancock Place</b>	
CITY-ST-ZIP	<b>Boston, MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>Scipione, Richard S.</b>	
STREET ADDRESS	<b>John Hancock Place</b>	
CITY-ST-ZIP	<b>Boston, MA 02117</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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, I changed, or on an attachment with an address.

SIGNATURE: **Barry P. Sanborn**

Signature typed or printed name of signing officer or director

**1/31/97 (617) 572-6602**

CR2E034 (9/96)