

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90076 045 ***150.00

DOCUMENT # 803136

1. Corporation Name

JOHN HANCOCK, MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business

JOHN HANCOCK PLACE, P.O. BOX 111
BOSTON MA 02117

Mailing Address

JOHN HANCOCK PLACE, P.O. BOX 111
BOSTON MA 02117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1927

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	RICCI, ANTONIETTE	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, STEPHEN L.	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	PCO	<input type="checkbox"/> DELETE
NAME	D'ALESSANDRO, DAVID F	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, BARRY J	
STREET ADDRESS	JOHN HANCOCK PL	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FARADY, JOHN T.	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCIPIONE, RICHARD S.	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sr. Associate Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Floyd S. Carman	
1.3 STREET ADDRESS	John Hancock Place	
1.4 CITY-ST-ZIP	Boston MA 02117	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Winn, Gregory P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Hancock Place	
5.3 STREET ADDRESS	Boston, MA	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOYD S. CARMAN

2-16-99

617 572-0748

Date

Daytime Phone #

CR2E034 (11/98)