

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **835058** (9)

1. Corporation Name

JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business

**200 CLARENDON ST., T28
P. O. BOX 854
BOSTON MA 02117
US**

Mailing Address

**THREE COPLEY PLACE
P. O. BOX 854
BOSTON MA 02117
US**

3. Date Incorporated or Qualified

09/22/1975

3a. Date of Last Report

04/12/1995

4. FEI Number

04-2482364

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **John Hancock Place**

27 State, Apt. #, etc.

27 **PO Box 854**

28 **Boston, MA**

29 Zip

29 **02117**

30 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301**

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 Florida Secretary of State or the registered agent or the corporation)

(Signature of Registered Agent or Signature of Agent or the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **MOLONEY, THOMAS E.**
CITY, ST, ZIP **464 MARSHALL STREET**
HOLLISTON MA

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **STUDLEY, MICHAEL H.**
CITY, ST, ZIP **22 SUMMITT DR.**
HINGHAM MA

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **SWEENEY, PAUL L.**
CITY, ST, ZIP **3 FAIR OAKS AVE**
NEWTON MA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE **SD** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE **PD** ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Studley

1/18/96

(617) 572-9253

DATE

DATE OF FILING

CR2E034 (12/95)

JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANY

DIRECTORS

Richard A. Brown	4 Partridge Street, Medway, MA 02053
Thomas E. Moloney	464 Marshall Street, Holliston, MA
Kendall P. Morgan	19 Brookwood Road, Attleboro, MA 02703
Barry L. Shemin	19 Sears Road, Wayland, MA 01778
Michael H. Studley	22 Summit Drive, Hingham, MA
Paul L. Sweeney	3 Fair Oaks Avenue, Newton, MA
Gregory P. Winn	35 Woodland Street, Sherborn, MA

OFFICERS

Thomas E. Moloney	464 Marshall Street, Holliston, MA	Chairman & CEO
Paul L. Sweeney	3 Fair Oaks Ave, Newton, MA	President & CPO
Michael H. Studley	22 Summit Dr., Hingham, MA	Corporate Secretary
Warren Boise	1 Isabell Circle, Randolph, MA 02368	Treasurer & Asst. VP
F. Allen Weisenfluh	Rice Island, Cohasset, MA 02025	Vice President