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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **835058** **(9)**

1. Corporation Name
JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
200 CLARENDON ST.. T26 P. O. BOX 854 BOSTON MA 02117 US	JOHN HANCOCK PLACE PO BOX 854 BOSTON MA 02117-0854 US

3. Date Incorporated or Qualified: 09/22/1975	3a. Date of Last Report: 02/21/1996
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	2a. Mailing Address
21 200 Clarendon St., T29	26 John Hancock Place
Suite, Apt. #, etc. 22 P.O. Box 854-1	Suite, Apt. #, etc. 27 P.O. Box 854-1
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER OF FLORIDA CAPITOL BLDG TALLAHASSEE FL 32301	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	MOLONEY, THOMAS E.		1.2 NAME	Tilley, Myles J.	
STREET ADDRESS	464 MARSHALL STREET		1.3 STREET ADDRESS	183 Stagecoach Dr.	
CITY-ST-ZIP	HOLLISTON MA		1.4 CITY-ST-ZIP	Marshfield, MA	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUDLEY, MICHAEL H.		2.2 NAME		
STREET ADDRESS	22 SUMMITT DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HINGHAM MA		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, PAUL L.		3.2 NAME		
STREET ADDRESS	3 FAIR OAKS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTON MA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, RICHARD		4.2 NAME		
STREET ADDRESS	4 PARTRIDGE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEDWAY MA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, KENDALL P.		5.2 NAME		
STREET ADDRESS	19 BROOKWOOD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATTLEBORO MA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHEMIN, BARRY L.		6.2 NAME		
STREET ADDRESS	19 SEARS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ Myles J. Tilley 4/7/97 (617) 375-3972