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Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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 COM PANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 200 CLARENDON ST., T28<br>P.O. BOX 854-1<br>BOSTON MA 02117<br>US | JOHN HANCOCK PLACE<br>P.O BOX 854-1<br>BOSTON MA 02117<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1975

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER OF FLORIDA<br>CAPITOL BLDG<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | | ☐ Change ☒ Addition |
| NAME | MOLONEY, THOMAS E. | | 1.2 NAME | T | |
| STREET ADDRESS | 464 MARSHALL STREET | | 1.3 STREET ADDRESS | Tilley, Myles J. | |
| CITY-ST-ZIP | HOLLISTON MA | | 1.4 CITY-ST-ZIP | 183 Stagecoach Dr., Marshfield,MA | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | STUDLEY, MICHAEL H. | | 2.2 NAME | Gregory P. Winn | |
| STREET ADDRESS | 22 SUMMITT DR. | | 2.3 STREET ADDRESS | 35 Woodland Street | |
| CITY-ST-ZIP | HINGHAM MA | | 2.4 CITY-ST-ZIP | Sherborn, MA 01770 | |
| 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 (10/97)

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 on an attachment with an address.

SIGNATURE: _____ Myles J. Tilley 1/14/98 (617) 375-3972