2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 23, 2006 8:00 am Secretary of State **DOCUMENT #850956** 01-23-2006 90056 009 ***158.75 MANULIFE INSURANCE COMPANY Principal Place of Business Mailing Address ********* 2711 CENTERVILLE ROAD POST OFFICE BOX 717 SUITE 400 BOSTON, MA 02117-0717 US WILMINGTON, DE 19808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 13-3072894 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS TALLAHASSEE, FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VCPD CD X Delete TITLE ☐ Change X Addition NAME VAN LEER, MICHELE G NAME John D. DesPrez III JOHN HANCOCK PL STREET ADDRESS STREET ADDRESS 601 Congress Street CITY-ST-ZIP BOSTON, MA 02117 CITY-ST-ZIP Boston, MA 02210 TITLE VD Delete TITLE ☐ Change Addition BOCAGE, RONALD NAME Laura Moore STREET ADDRESS JOHN HANCOCK PL STREET ADDRESS 200 Berkeley Street CITY-ST-ZIP BOSTON, MA 02117 CITY-ST-ZIP Boston, MA 02117 TITLE ☐ Delete TITLE Change ☐ Addition COPESTAKE, PETER NAME NAME STREET ADDRESS JOHN HANCOCK PLACE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02117 CITY-ST-ZIP VPCS X Delete TITLE TITI F ☐ Change X Addition Emanuel Alves SCAVONGELLI, PETER NAME 601 Congress Street STREET ADDRESS JOHN HANCOCK PLACE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02117 CITY-ST-ZIP Boston, MA 02210 TITLE Delete TITLE P Addition ☐ Change OUELLETTE, DANIEL L Jonathan Chiel NAME NAME STREET ADDRESS JOHN HANCOCK PL 601 Congress Street STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02117 CITY-ST-ZIP Boston, MA 02210 🛭 Delete TITLE ☐ Change X Addition REITANO, ROBERT R NAME NAME Robert A. Cook STREET ADDRESS JOHN HANCOCK PLACE STREET ADDRESS 197 Clarendon Street

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

BOSTON, MA 02117

CITY-ST-ZIP

Many <u>Emanuel Alves</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

January 17, 2006

Boston, MA 02117

<u>(617) 663-2486</u>

FILED

ATTACHMENT 60005542 11-850956

MANULIFE INSURANCE COMPANY

DIRECTORS

NAME	<u>ADDRESS</u>
John D. DesPrez III	601 Congress Street Boston, MA 02210
James R. Boyle	601 Congress Street Boston, MA 02210
Jonathan Chiel	601 Congress Street Boston, MA 02210
Robert A. Cook	197 Clarendon Street Boston, MA 02117
Marc Costantini	601 Congress Street Boston, MA 02210
Warren A. Thomson	200 Clarendon Street Boston, MA 02117