


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90162 003 ***158.75

DOCUMENT # 850956	
1. Entity Name MANULIFE INSURANCE COMPANY	

Principal Place of Business 2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808 US	Mailing Address POST OFFICE BOX 717 BOSTON, MA 02117-0717 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

4. FEI Number 13-3072894	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DESPREZ, JOHN III D			NAME	James R. Boyle		
STREET ADDRESS	601 CONGRESS ST			STREET ADDRESS	197 Clarendon Street		
CITY-ST-ZIP	BOSTON, MA 02210			CITY-ST-ZIP	Boston, MA 02117		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, LAURA			NAME			
STREET ADDRESS	200 BERKELEY ST.			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02117			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPESTAKE, PETER			NAME			
STREET ADDRESS	JOHN HANCOCK PLACE			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02117			CITY-ST-ZIP			
TITLE	VPCS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVES, EMANUEL			NAME			
STREET ADDRESS	601 CONGRESS ST.			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02210			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHIEL, JONATHAN			NAME			
STREET ADDRESS	601 CONGRESS ST			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02210			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COOK, ROBERT A			NAME	Lynne Patterson		
STREET ADDRESS	197 CLARENDON ST.			STREET ADDRESS	601 Congress Street		
CITY-ST-ZIP	BOSTON, MA 02117			CITY-ST-ZIP	Boston, MA 02210		

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.

SIGNATURE:  **Emanuel Alves** April 13, 2007 (617) 663-2486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

45066824

#850956

MANULIFE INSURANCE COMPANY

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
James R. Boyle	601 Congress Street Boston, MA 02210
Jonathan Chiel	601 Congress Street Boston, MA 02210
Lynne Patterson	601 Congress Street Boston, MA 02210
Warren A. Thomson	200 Clarendon Street Boston, MA 02117

JOHN HANCOCK LIFE INSURANCE COMPANY