2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #850956



FILED Apr 22, 2008 8:00 am Secretary of State

04-22-2008 90027 008 ***158.75

1. Entity Name MANULIFE INSURANCE COMPANY Principal Place of Business Mailing Address **POST OFFICE BOX 717** 2711 CENTERVILLE ROAD BOSTON, MA 02117-0717 US SUITE 400 WILMINGTON, DE 19808 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 13-3072894 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS** TALLAHASSEE, FL 32301 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD TITLE ☐ Chance ☐ Addition TITLE Delete BOYLE, JAMES R NAME NAME STREET ADDRESS 197 CLARENDON STREET STREET ADDRESS CITY - ST-ZIP BOSTON, MA 02117 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MOORE, LAURA Harrison, Marianne NAME NAME STREET ADDRESS 200 BERKELEY ST. STREET ADDRESS 200 Berkeley Street BOSTON, MA 02117 CITY-ST-ZIP CITY-ST-ZIP Boston, MA 02117 ■ Addition **VPCS** ☐ Delete TITLE ☐ Change TITLE ALVES, EMANUEL NAME NAME STREET ADDRESS 601 CONGRESS ST. STREET ADDRESS CITY-ST-7IP BOSTON, MA 02210 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE CHIEL, JONATHAN NAME NAME STREET ADDRESS **601 CONGRESS ST** STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02210 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE PATTERSON, LYNNE NAME NAME **601 CONGRESS STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02210 CITY-ST-ZIP ☐ Delete THILE □ Change Addition TITLE NAME NAME Levitt, Peter STREET ADDRESS STREET ADDRESS 250 Bloor Street East CITY-ST-ZIP CITY-ST-ZIP Toronto, Ontario

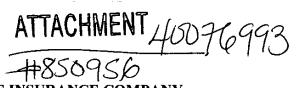
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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 attachm

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Emanuel Alves

April 16, 2008

(617) 663-2486



MANULIFE INSURANCE COMPANY

DIRECTORS

NAME

ADDRESS

Scott Hartz

197 Clarendon Street Boston, MA 02117

Warren Thomson

101 Huntington Avenue 6^{th} Floor

Boston, MA 02199