


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-22-2008 90027 008 \*\*\*158.75

<b>DOCUMENT # 850956</b> 1. Entity Name <b>MANULIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808 US</b>	Mailing Address <b>POST OFFICE BOX 717 BOSTON, MA 02117-0717 US</b>
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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	4. FEI Number <b>13-3072894</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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04162008 Chg-P CR2E034 (12/06)



<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS TALLAHASSEE, FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOYLE, JAMES R 197 CLARENDON STREET BOSTON, MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, LAURA 200 BERKELEY ST. BOSTON, MA 02117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harrison, Marianne 200 Berkeley Street Boston, MA 02117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS ALVES, EMANUEL 601 CONGRESS ST. BOSTON, MA 02210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHIEL, JONATHAN 601 CONGRESS ST BOSTON, MA 02210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTERSON, LYNNE 601 CONGRESS STREET BOSTON, MA 02210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Levitt, Peter 250 Bloor Street East Toronto, Ontario <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 I am empowered.

**SIGNATURE:**  **Emanuel Alves** April 16, 2008 (617) 663-2486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40076993

#850956

MANULIFE INSURANCE COMPANY

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Scott Hartz	197 Clarendon Street Boston, MA 02117
Warren Thomson	101 Huntington Avenue 6 <sup>th</sup> Floor Boston, MA 02199