

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004023

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** JOHN HANCOCK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

197 CLARENDON STREET  
BOSTON, MA 02116

**New Principal Place of Business:**

**Current Mailing Address:**

197 CLARENDON STREET  
BOSTON, MA 02116

**New Mailing Address:**

**FEI Number:** 07-5325819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: AS  
Name: YIU, KWONG  
Address: 200 BLOOR ST. EAST  
City-St-Zip: TORONTO, ON, CANADA M4W 1E5,

Title: PD  
Name: PATTERSON, LYNNE  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: VD  
Name: COLLINS, BRIAN  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: VCFO  
Name: WHITEHEAD, JEFFERY  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: D  
Name: WHITEHEAD, JEFFERY  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: D  
Name: THOMPSON, WALLACE  
Address: 2 QUEEN STREET EAST  
City-St-Zip: TORONTO, ON M5G 3C7 CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KWONG YIU

AS

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date