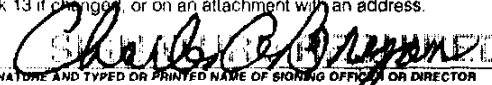


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03009 (8) 1. Corporation Name JOHN HANCOCK INDEMNITY COMPANY RESPONSE INSURANCE COMPANY			
Principal Place of Business 200 CLARENDON S. T28 P. O. BOX 854 BOSTON MA 02117 US		Mailing Address JOHN HANCOCK PLACE PO BOX 854 BOSTON MA 02117-0854 US	
2. Principal Place of Business 21 2975 Westchester Ave. Suite, Apt. #, etc. 22 Suite G-1 City & State 23 Purchase NY Zip Country 24 10577 25 US		2a. Mailing Address 26 POB 129122 Suite, Apt. #, etc. 27 City & State 28 Boston MA Zip Country 29 02112-9122 30 US	
3. Date Incorporated or Qualified 08/13/1984		3a. Date of Last Report 02/21/1996	
4. FEI Number 04-2794993		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD ☒ DELETE NAME STUDLEY, MICHAEL H. STREET ADDRESS 22 SUMMIT DR. CITY-STATE-ZIP HINGHAM MA	1.1 TITLE PD ☒ Change ☐ Addition 1.2 NAME Charles A. Bryan 1.3 STREET ADDRESS 2975 Westchester Ave., Suite G-1 1.4 CITY-STATE-ZIP Purchase NY 10577		
TITLE PD ☒ DELETE NAME SWEENEY, PAUL L. STREET ADDRESS 3 FAIR OAKS AVE CITY-STATE-ZIP NEWTON MA	2.1 TITLE VD ☐ Change ☒ Addition 2.2 NAME Dennis E. Robich 2.3 STREET ADDRESS 2975 Westchester Ave., Suite G-1 2.4 CITY-STATE-ZIP Purchase NY 10577		
TITLE VP ☒ DELETE NAME WEISENFLUH, F. A STREET ADDRESS RICE ISLAND CITY-STATE-ZIP COHASSET MA	3.1 TITLE T ☐ Change ☒ Addition 3.2 NAME James N. Bailey 3.3 STREET ADDRESS 2975 Westchester Ave., Suite G-1 3.4 CITY-STATE-ZIP Purchase NY 10577		
TITLE D ☒ DELETE NAME BROWN, RICHARD A. STREET ADDRESS 4 PARTRIDGE ST CITY-STATE-ZIP MEDWAY MA	4.1 TITLE VD ☐ Change ☒ Addition 4.2 NAME Eric F. Gottheim 4.3 STREET ADDRESS 2975 Westchester Ave., Suite G-1 4.4 CITY-STATE-ZIP Purchase NY 10577		
TITLE D ☒ DELETE NAME MOLONEY, THOMAS E. STREET ADDRESS 484 MARSHALL ST CITY-STATE-ZIP HOLLISTON MA	5.1 TITLE VSD ☐ Change ☒ Addition 5.2 NAME Jane Dickson 5.3 STREET ADDRESS 2975 Westchester Ave., Suite G-1 5.4 CITY-STATE-ZIP Purchase NY 10577		
TITLE VD ☒ Addition NAME Howard V. Alley STREET ADDRESS 2975 Westchester Ave., Suite G-1 CITY-STATE-ZIP Purchase NY 10577	6.1 TITLE VP ☐ Change ☒ Addition 6.2 NAME Peter J. Graham 6.3 STREET ADDRESS 2975 Westchester Ave., Suite G-1 6.4 CITY-STATE-ZIP Purchase NY 10577		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # 914/694-2886	

CP2E034 (9/96)