

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **835058** (9)

1. Corporation Name
JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business: **200 CLARENDON ST., T28 P. O. BOX 854 BOSTON MA 02117 US**
Mailing Address: **THREE COPLEY PLACE P. O. BOX 854 BOSTON MA 02117 US**

3. Date Incorporated or Qualified: **09/22/1975**
3a. Date of Last Report: **04/12/1995**
4. FET Number: **04-2482364**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 John Hancock Place**
22. State, Apt. #, etc.: **27 PO Box 854**
23. City & State: **28 Boston, MA**
24. Zip: **25** Country: **29 02117** Country: **30**

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOLONEY, THOMAS E.	
STREET ADDRESS	464 MARSHALL STREET	
CITY, ST, ZIP	HOLLISTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STUDLEY, MICHAEL H.	
STREET ADDRESS	22 SUMMITT DR.	
CITY, ST, ZIP	HINGHAM MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SWEENEY, PAUL L.	
STREET ADDRESS	3 FAIR OAKS AVE	
CITY, ST, ZIP	NEWTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attachment with an address.

SIGNATURE: *Michael H. Studley* DATE: 1/18/96 (617) 572-9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Michael H. Studley

CR2E034 (12/95)

**JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE
COMPANY**

DIRECTORS

Richard A. Brown	4 Partridge Street, Medway, MA 02053
Thomas E. Moloney	464 Marshall Street, Holliston, MA
Kendall P. Morgan	19 Brookwood Road, Attleboro, MA 02703
Barry L. Shemin	19 Sears Road, Wayland, MA 01778
Michael H. Studley	22 Summit Drive, Hingham, MA
Paul L. Sweeney	3 Fair Oaks Avenue, Newton, MA
Gregory P. Winn	35 Woodland Street, Sherborn, MA

OFFICERS

Thomas E. Moloney	464 Marshall Street, Holliston, MA	Chairman & CEO
Paul L. Sweeney	3 Fair Oaks Ave, Newton, MA	President & CBO
Michael H. Studley	22 Summit Dr., Hingham, MA	Corporate Secretary
Warren Boise	1 Isabell Circle, Randolph, MA 02368	Treasurer & Asst. VP
F. Allen Weisenfluh	Rice Island, Cohasset, MA 02025	Vice President