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Feb 18, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835058

1. Corporation Name
JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business 200 CLARENDON ST., T28 P.O. BOX 854-1 BOSTON MA 02117 US	Mailing Address JOHN HANCOCK PLACE P.O. BOX 854-1 BOSTON MA 02117 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

3. Date Incorporated or Qualified 09/22/1975	
4. FEI Number 04-2482364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. City
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	T
NAME	MOLONEY, THOMAS E.	1.2 NAME	Tilley, Myles J.
STREET ADDRESS	464 MARSHALL ST.	1.3 STREET ADDRESS	183 Stagecoach Drive, Marshfield, MA
CITY-ST-ZIP	HOLLISTON MA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	D
NAME	STUDLEY, MICHAEL H.	2.2 NAME	Winn, Gregory P.
STREET ADDRESS	22 SUMMITT DR.	2.3 STREET ADDRESS	35 Woodland Street, Sherborn, MA
CITY-ST-ZIP	HINGHAM MA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SWEENEY, PAUL L.	3.2 NAME	
STREET ADDRESS	3 FAIR OAKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BROWN, RICHARD	4.2 NAME	
STREET ADDRESS	4 PARTRIDGE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDWAY MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MORGAN, KENDALL P.	5.2 NAME	
STREET ADDRESS	19 BROOKWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATTLEBORO MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SHEMIN, BARRY L.	6.2 NAME	
STREET ADDRESS	19 SEARS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Myles J. Tilley* **REMOVED**

1/14/99 (617) 375-3972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)