

1.) CORPORATION NAME:

John Hancock Insurance Agency, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1835984**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 197 CLARENDON ST.

CITY/ST/ZIP: BOSTON, MA 02116

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STEVEN A FINCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	601 CONGRESS ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02210		

NAME:	BRIAN COLLINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DTR/VP		
ADDRESS:	601 CONGRESS ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02210		

NAME:	SIMONETTA VINDETTELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	601 CONGRESS ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02210		

NAME:	RICHARD DEMONTINGY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	197 CLARENDON ST.		
CITY/ST/ZIP/CO:	BOSTON, VA		

NAME:	BRIAN HEAPPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	197 CLARENDON ST.		
CITY/ST/ZIP/CO:	BOSTON, VA		

NAME:	EMANUEL ALVES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	601 CONGRESS ST.		
CITY/ST/ZIP/CO:	BOSTON, VA		

NAME: ROSALIE CALABRARO TITLE: ASST SECRETARY ADDRESS: 601 CONGRESS ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VERONIKA CHAYADY TITLE: ASST SECRETARY ADDRESS: 601 CONGRESS ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN TUCKER TITLE: ASST SECRETARY ADDRESS: 601 CONGRESS ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KWONG YIU TITLE: ASST SECRETARY ADDRESS: 200 BLOOR ST. E. CITY/ST/ZIP/CO: TORONTO, ON, M4W 1E5, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN MOORE TITLE: TREASURER ADDRESS: 250 BLOOR ST. E. CITY/ST/ZIP/CO: TORONTO, ON, M4W 1E5, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WALLACE THOMPSON TITLE: DIRECTOR ADDRESS: 2 QUEEN ST. E. CITY/ST/ZIP/CO: TORONTO, ON, M5C 3G7, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KWONG YIU SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KWONG YIU, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/19/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		