

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213553800

1.) CORPORATION NAME:

John Hancock Insurance Agency, Inc.

DUE DATE: **9/30/2013**

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

RICHMOND, VA

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
TITLE: PRESIDENT
ADDRESS: 601 CONGRESS ST
CITY/ST/ZIP/CO: BOSTON, MA 02210

OFFICER

DIRECTOR

NAME: BRIAN COLLINS
TITLE: DTR/VP
ADDRESS: 601 CONGRESS ST
CITY/ST/ZIP/CO: BOSTON, MA 02210

OFFICER

DIRECTOR

NAME: SIMONETTA VINDETTELLI
TITLE: VICE PRESIDENT
ADDRESS: 601 CONGRESS ST
CITY/ST/ZIP/CO: BOSTON, MA 02210

OFFICER

DIRECTOR

NAME: RICHARD DEMONTINGY
TITLE: ASSISTANT VP
ADDRESS: 197 CLARENDON ST.
CITY/ST/ZIP/CO: BOSTON, VA

OFFICER

DIRECTOR

NAME: BRIAN HEAPPS
TITLE: VICE PRESIDENT
ADDRESS: 197 CLARENDON ST.
CITY/ST/ZIP/CO: BOSTON, VA

OFFICER

DIRECTOR

NAME: STEVEN MOORE
TITLE: TREASURER
ADDRESS: 250 BLOOR ST. E.
CITY/ST/ZIP/CO: , , FN

OFFICER

DIRECTOR

NAME: EMANUEL ALVES TITLE: SECRETARY ADDRESS: 601 CONGRESS ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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: , , FN	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WALLACE THOMPSON TITLE: VICE PRESIDENT ADDRESS: 2 QUEEN ST. E. CITY/ST/ZIP/CO: TORONTO, ON M5G 3C7, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL SANTILLI TITLE: CFO ADDRESS: 601 Congress St. CITY/ST/ZIP/CO: Boston, MA 02210	<input checked="" type="checkbox"/> OFFICER <input 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	11/7/2013 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.		