STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
121180	John Hancock Distributors LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SECURITIES BROKER/ DEALER

5. Principal office address	City	State	Zip
200 Bloor Street East	Toronto	ON	M4W 1E5

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Christopher Walker	Manager

Street Address	City	State	Zip
P.O. Box 4700	Buffalo	NY	14240-4700

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☒
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Christopher Walker	200 Bloor Street East	Toronto	ON	M4W 1E5
James D. Gallagher	200 Clarendon Street	Boston	MA	02116
John D. DesPrez III	200 Clarendon Street	Boston	MA	02116
Robert A. Cook	200 Clarendon Street	Boston	MA	02116

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

05 NOV -9 AM 9:51

[redacted] *121180*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[redacted]

Nov. 2, 2005
Signature of Authorized Person *Date*

Christopher Walker
Print or Type Name of Authorized Person

File Date	11.09.05
Check No.	63320
By:	WP

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
121180	MANULIFE FINANCIAL SECURITIES LLC

3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SECURITIES BROKER / DEALER

5. Principal office address	City	State	Zip
200 Bloor St. E.	Toronto	ON	M4W1E5

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Tom REIVE	Financial / Operations Principal

Street Address	City	State	Zip
PO BOX 4700	Buffalo	NY	14240

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Christopher Walker	200 Bloor St. E	Toronto	ON	M4W1E5
James D. Gallagher	73 Tremont St	Boston	MA	02108-3915
John D. DesPrez III	73 Tremont St	Boston	MA	02108-3915
Robert A. Cook	73 Tremont St	Boston	MA	02108-3915

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM		PROVIDENCE	02903-
10 WEYBOSSET STREET			

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66*

[redacted]

121180

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date* 9/7/04

[redacted]

Tom Reive
Print or Type Name of Authorized Person

File Date 9-13-04

Check No ____

By ____

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

MANULIFE FINANCIAL SECURITIES, LLC

LIST OF MANAGERS

JULY 31, 2002

Name		Address
Christopher M. Walker	Bus:	200 Bloor Street East Toronto, ON M4W 1E5 CANADA
John D. DesPrez III	Bus:	73 Tremont Street Suite 1300 Boston, MA 02108-3915
James D. Gallagher	Bus:	73 Tremont Street Suite 1300 Boston, MA 02108-3915
Robert A. Cook	Bus:	73 Tremont Street Suite 1300 Boston, MA 02108-3915
John Vrysen	Bus:	680 Washington Blvd. 9th Floor Stamford, CT 06901

MEMBER

MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)
38500 Woodward Avenue
Bloomfield Hills, MI 48304

#121180

FILED
SEP 13 2004
By

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
121180	MANULIFE FINANCIAL SECURITIES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SECURITIES BROKER/DEALER

5. Principal office address	City	State	Zip
200 Bloor St E	Toronto	Ontario	M4W 1E5

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
TOM REIVE	FINANCIAL OPERATIONS PRINCIPAL

Street Address	City	State	Zip
PO BOX 4700	BUFFALO	NY	14240

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Christopher Walker	200 Bloor St E	Toronto	ON	M4W 1E5
John D. DesPrez III	73 Tremont St Ste 1300	Boston	MA	02108-3915
James D. Gallagher	73 Tremont St Ste 1300	Boston	MA	02108-3915
Robert A. Cook	73 Tremont St. Ste 1300	Boston	MA	02108-3915

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM		PROVIDENCE	02903-
	10 WEYBOSSET STREET		

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] *121180

File Date 9-15-03
Check No. 53110
By DL

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Thomas G. Allen 9/11/03
Signature of Authorized Person *Date*

[redacted]

Tom Reive
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
121180	MANULIFE FINANCIAL SECURITIES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SECURITIES BROKER / DEALER

5. Principal office address	City	State	Zip
200 BLOOR ST. E	TORONTO	ONTARIO	CANADA M4W1E5

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Tom REIVE	FINANCIAL OPERATIONS PRINCIPAL

Street Address	City	State	Zip
P O BOX 4700	BUFFALO	NY	14240

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☒

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
JOHN D. DesPREZ	Christopher M Walker
Street Address	Street Address
73 TREMONT ST. STE 1300	200 Bloor St E
City / State / Zip	City / State / Zip
BOSTON / MA / 02108-3915	Toronto / Ont / M4W1E5
Manager Name	Manager Name
JAMES D. GALLAGHER	Robert A. Cook
Street Address	Street Address
73 TREMONT ST STE 1300	73 Tremont Ste 1300
City / State / Zip	City / State / Zip
BOSTON / MA / 02108-3915	Boston / MA / 02108

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
CT CORPORATION SYSTEM	

Address	City	Zip
10 WEYBOSSET STREET	PROVIDENCE	02903-

FILED
NOV 12 2002
By

This report must be signed in ink by an authorized person pursuant to 7-16-66.

[redacted]

* 1 2 1 1 8 0 *

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Sept 12 02
Signature of Authorized Person / *Date*

Tom REIVE
Print or Type Name of Authorized Person

File Date 11-19-02
Check No. 33594
By: AMP
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 6/02