

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 803136

1. Corporation Name

JOHN HANCOCK LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

JOHN HANCOCK PLACE, P.O. BOX 111
BOSTON MA 02117

JOHN HANCOCK PLACE, P.O. BOX 111
BOSTON MA 02117

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

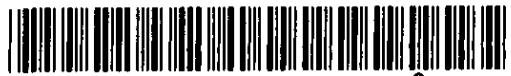
Country

Zip

Country

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1927

5. FEI Number

04-1414660

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AS	RICCI, ANTONIETTE	JOHN HANCOCK PLACE	BOSTON MA 02117
PO C/D	BROWN, STEPHEN L.	JOHN HANCOCK PLACE	BOSTON MA 02117
PO P/D	D'ALESSANDRO, DAVID F	JOHN HANCOCK PLACE	BOSTON MA 02117
VPCS	RUBENSTEIN, BARRY J	JOHN HANCOCK PL	BOSTON MA 02117
T	WINN, GREGORY P	JOHN HANCOCK PLACE	BOSTON MA 02117
V/D	SCIPIONE, RICHARD S. BUDD, WAYNE	JOHN HANCOCK PLACE	BOSTON MA 02117

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

0000003487780-3

-12/05/00--01074--001

***758 State Zip Code

FL

***758.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 7, 2000 (617) 572-9199

Date

Daytime Phone #

CR2E040 (8/00)