

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90001 039 ***150.00

0015372

DOCUMENT # 803136

1. Entity Name

JOHN HANCOCK LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

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

**% ANTONIETTE RICCI, ASSISTANT SECRETARY
 P.O. BOX 111
 BOSTON MA 02117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-1414660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS Delete
 NAME RICCI, ANTONIETTE
 STREET ADDRESS JOHN HANCOCK PLACE
 CITY-ST-ZIP BOSTON MA 02117

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD Delete
 NAME BROWN,STEPHEN L.
 STREET ADDRESS JOHN HANCOCK PLACE
 CITY-ST-ZIP BOSTON MA 02117

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME D'ALESSANDRO, DAVID F
 STREET ADDRESS JOHN HANCOCK PLACE
 CITY-ST-ZIP BOSTON MA 02117

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPCS Delete
 NAME RUBENSTEIN, BARRY J
 STREET ADDRESS JOHN HANCOCK PL
 CITY-ST-ZIP BOSTON MA 02117

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME WINN, GREGORY P
 STREET ADDRESS JOHN HANCOCK PLACE
 CITY-ST-ZIP BOSTON MA 02117

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME BUDD, WAYNE
 STREET ADDRESS JOHN HANCOCK PLACE
 CITY-ST-ZIP BOSTON MA 02117

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonietta Ricci Antonietta Ricci, Assistant Secretary 2/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(617) 572-5800

Date

Daytime Phone #

CR2E034 (10/00)