

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 021 ***150.00

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01092004 Chg-P CR2E034 (10/03)

DOCUMENT # 803136 1. Entity Name JOHN HANCOCK LIFE INSURANCE COMPANY					
Principal Place of Business JOHN HANCOCK PLACE P.O. BOX 111 BOSTON, MA 02117			Mailing Address % ANTONIETTE RICCI, ASSISTANT SECRETARY P.O. BOX 111 BOSTON, MA 02117		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 04-1414660 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICCI, ANTONIETTE JOHN HANCOCK PLACE BOSTON, MA 02117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ALESSANDRO, DAVID F JOHN HANCOCK PLACE BOSTON, MA 02117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS COLLINS, JAMES E PO BOX 111, JOHN HANCOCK PLACE BOSTON, MA 02117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINN, GREGORY P JOHN HANCOCK PLACE BOSTON, MA 02117	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUDD, WAYNE JOHN HANCOCK PLACE BOSTON, MA 02117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		Senior Vice President & Treasurer Ronald J. McHugh P.O. Box 111, John Hancock Place Boston, MA 02117			
SIGNATURE: <u>Antonietta Ricci</u>		Date <u>1/22/04</u> Daytime Phone # <u>6175725800</u>			