

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90060 025 ***158.75

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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

3. Mailing Address

c/o Emanuel Alves

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. Box 111

City & State

City & State
Boston, MA

Zip

Country

Zip

Country

02117

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

04-1414660

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional

Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE VPCS ☒ Delete
NAME COLLINS, JAMES E
STREET ADDRESS PO BOX 111, JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON, MA 02117

TITLE SVT ☒ Delete
NAME MCHUGH, RONALD J
STREET ADDRESS P.O. BOX 111, JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON, MA 02117

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPCS ☐ Change ☒ Addition
NAME Alves, Emanuel
STREET ADDRESS P.O. Box 111
CITY-ST-ZIP Boston, MA 02117

TITLE P/D/CEO ☐ Change ☒ Addition
NAME Benson, James M.
STREET ADDRESS P.O. Box 111
CITY-ST-ZIP Boston, MA 02117

TITLE EVP/D ☐ Change ☒ Addition
NAME Chiel, Jonathan
STREET ADDRESS P.O. Box 111
CITY-ST-ZIP Boston, MA 02117

TITLE T ☐ Change ☒ Addition
NAME Copestake, Peter
STREET ADDRESS P.O. Box 111
CITY-ST-ZIP Boston, MA 02117

TITLE C/D ☐ Change ☒ Addition
NAME D'Alessandro, Domenic
STREET ADDRESS 200 Bloor Street East
CITY-ST-ZIP Toronto, Ontario M4W 1E5

TITLE EV/D ☐ Change ☒ Addition
NAME Reitano, Robert R.
STREET ADDRESS P.O. Box 111
CITY-ST-ZIP Boston, MA 02117

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emanuel Alves

1/12/05 (617) 572-0174

Date

Daytime Phone #