

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90162 050 ***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

**C/O EMANUEL ALVES
P.O. BOX 111
BOSTON, MA 02117**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**VPCS
ALVES, EMANUEL
P.O. BOX 111
BOSTON, MA 02117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
DESPREZ, JOHN D III
601 CONGRESS AVE
BOSTON, MA 02210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
CHIEL, JONATHAN
P.O. BOX 111
BOSTON, MA 02117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COPESTAKE, PETER
P.O. BOX 111
BOSTON, MA 02117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
BOYLE, JAMES R
601 CONGRESS AVE
BOSTON, MA 02210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
COOK, ROBERT A
197 CLARENDON ST
BOSTON, MA 02117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
Hugh McHaffie
601 Congress Street
Boston, MA 02210** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Emanuel Alves

Emanuel Alves April 13, 2007 (617) 663-2486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40066825
#803136

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
John D. DesPrez III	601 Congress Street Boston, MA 02210
James R. Boyle	601 Congress Street Boston, MA 02210
Jonathan Chiel	601 Congress Street Boston, MA 02210
Hugh McHaffie	601 Congress Street Boston, MA 02210
Lynne Patterson	601 Congress Street Boston, MA 02210
Warren A. Thomson	200 Clarendon Street Boston, MA 02117