

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-18-2007 90162 050 ***158.75

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



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

3. Mailing Address

04122007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-1414660

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **VPCS ALVES, EMANUEL** Delete
STREET ADDRESS **P.O. BOX 111**
CITY-ST-ZIP **BOSTON, MA 02117**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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 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