2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803136

City-St-Zip:

BOSTON, MA 02210

Entity Name: JOHN HANCOCK LIFE INSURANCE COMPANY

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
JOHN HANCOCK PLACE P.O. BOX 111 BOSTON, MA 02117			JOHN HANCOCK PLACE 200 CLARENDON STREET BOSTON, MA 02117	
Current Mailing Address:			New Mailing Address:	
C/O EMANUEL ALVES P.O. BOX 111 BOSTON, MA 02117			C/O EMANUEL ALVES 601 CONGRESS STREET BOSTON, MA 02210	
FEI Number:	04-1414660	FEI Number Applied For () FEI Number	mber Not Appli	cable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US				
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:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPCS () EALVES, EMANUE P.O. BOX 111 BOSTON, MA 02		Title: Name: Address: City-St-Zip:	VPCS (X) Change () Addition ALVES, EMANUEL 601 CONGRESS STREET BOSTON, MA 02210
Title: Name: Address: City-St-Zip:	CPD () DESPREZ, JOHN 601 CONGRESS BOSTON, MA 02	AVE	Title: Name: Address: City-St-Zip:	CPD (X) Change () Addition DESPREZ, JOHN D III 601 CONGRESS STREET BOSTON, MA 02210
Title: Name: Address: City-St-Zip:	EVPD () E CHIEL, JONATHA P.O. BOX 111 BOSTON, MA 02	NN .	Title: Name: Address: City-St-Zip:	EVPD (X) Change () Addition CHIEL, JONATHAN 601 CONGRESS STREET BOSTON, MA 02210
Title: Name: Address: City-St-Zip:	T () E LEVITT, PETER 250 BLOOR STR TORONTO, ONTA	EET EAST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	EVPD () E BOYLE, JAMES I 601 CONGRESS BOSTON, MA 02	AVE	Title: Name: Address: City-St-Zip:	EVPD (X) Change () Addition BOYLE, JAMES R 601 CONGRESS STREET BOSTON, MA 02210
Title: Name: Address:	EVPD () [MCHAFFIE, HUG 601 CONGRESS		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EMANUEL ALVES VPCS 03/10/2009