## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT#811220**

Entity Name: JOHN HANCOCK LIFE INSURANCE COMAPNY (U.S.A.)

FILED Sep 26, 2006 Secretary of State

•				(,			
Current Principal Place of Business:				New Principal Place of Business:			
500 BOYLSTON STREET BOSTON, MA 02116 US				601 CONGRESS ST. BOSTON, MA 02210 US			
Current Mailing Address:				New Mailing Address:			
PO BOX 11 BOSTON, N		US					
FEI Number:	01-0233346	FEI Number Applied For()	El Num	nber Not Appli	cable ( )	Certificate of Status Desired (	)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
DONOVAN, T.A. FLORIDA ST INSUR COMMISSIONER THE CAPITOL BLDG TALLAHASSEE, FL 32302 US The above named entity submits this statement for the purpose of				CHIEF FINANCIAL OFFICER FLORIDA DEPT OF FINANCIAL SERVICES 200 EAST GAINES ST. TALLAHASSEE, FL 32399 US			
in the State		submits this statement for the purp	ose o	changing is	s registerea c	office of registered agent, or	DOIN,
SIGNATURE: PURSUANT TO FLA. STAT. ANN. S. 624.422				09/26/2006			
		nic Signature of Registered Agent og Trust Fund Contribution ( ).		ADDITIONS	S/CHANGES	Date  TO OFFICERS AND DIRE	CTOBS:
Title: Name: Address: City-St-Zip:		) Delete UEL SS STREET		Title: Name: Address: City-St-Zip:		) Change ()Addition	orono.
Title: Name: Address: City-St-Zip:	C ( DESPREZ, JO 601 CONGRES BOSTON, MA	SS STREET		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	COPESTAKE, 200 BLOOR S			Title: Name: Address: City-St-Zip:	T (X COPESTAKE, I 200 BLOOR ST TORONTO, ON	REET EAST	
Title: Name: Address: City-St-Zip:	D ( COOK, ROBEI 197 CLAREND BOSTON, MA	ON STREET		Title: Name: Address: City-St-Zip:	D (X COOK, ROBER 197 CLAREND BOSTON, MA	ON STREET	
Title: Name: Address: City-St-Zip:	O'MALLEY, JA 200 BLOOR S			Title: Name: Address: City-St-Zip:	D (X BOYLE, JAMES 601 CONGRES BOSTON, MA	SS STREET	
Title: Name: Address: City-St-Zip:	D ( THOMSON, W PO BOX 111 BOSTON, MA			Title: Name: Address: City-St-Zip:	D (X THOMSON, WA 197 CLAREND BOSTON, MA	ON STREET	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KWONG YIU AS 09/26/2006