

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811220

FILED  
Jan 05, 2007  
Secretary of State

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

## Current Principal Place of Business:

601 CONGRESS ST.  
BOSTON, MA 02210 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 111  
BOSTON, MA 02117 US

## New Mailing Address:

FEI Number: 01-0233346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
FLORIDA DEPT OF FINANCIAL SERVICES  
200 EAST GAINES ST.  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

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:

Title: S ( ) Delete  
Name: ALVES, EMANUEL  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: C ( ) Delete  
Name: DESPREZ, JOHN D III  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: T ( ) Delete  
Name: COPESTAKE, PETER G  
Address: 200 BLOOR STREET EAST  
City-St-Zip: TORONTO, ON M4W 1E5 CA

Title: D ( ) Delete  
Name: COOK, ROBERT A  
Address: 197 CLARENDON STREET  
City-St-Zip: BOSTON, MA 02117 US

Title: D ( ) Delete  
Name: BOYLE, JAMES R  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210 US

Title: D ( ) Delete  
Name: THOMSON, WARREN  
Address: 197 CLARENDON STREET  
City-St-Zip: BOSTON, MA 02117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCHAFFIE, HUGH  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/05/2007

Electronic Signature of Signing Officer or Director

Date