# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2008**
**Secretary of State**

DOCUMENT# 811220

**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 (X)**

**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: | MCHAFFIE, HUGH | |
| Address: | 601 CONGRESS STREET | |
| City-St-Zip: | BOSTON, MA 02210 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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 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 (ASSISTANT SECRETARY) AS 04/08/2008
Electronic Signature of Signing Officer or Director Date